United States Bank	kruptcy Co	· · · · · · · · · · · · · · · · · · ·	MI PRIII	IUN		LUNTARY	
District of IN RE (Name of debtor-if Individual, enter Lest, First, Mil Diego CARDONA			NAME OF J	OINT DEBTO	OR (Spouse) (Les		
ALL OTHER NAMES used by debtor in the last 6 years (Include married, maiden and trade names) none					ed by the joint de n and trade name	blor in the last 0 years le.)	
80C. SEC./TAXI.D. NO. (It more than one, state all)			SOC. SEC./	TAX I.D. NO.	(# more than one	, state All)	
8TREET ADDRESS OF DESTOR (No. and street, olly, at 12 Wilson Terrace Elizabeth NJ 07208	iste, 2(p)		STREET AD	DRESS OF J	OINT DEBTOR (No. and street, city, ste	đe, žip)
COUNTY O	FRESIDENCE O PLACE OF BUS					ITY OF RESIDENCE OF BUSI	
MAILING ADDRESS OF DEBTOR (If different from etreet same	address)		MAILING A	ORESS OF	ONT DEBTOR	if different from street	address)
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEE (If different from addresses listed above)			Debtor of business immediat such 160 There partner o	has been do to or principl bly precedin days than in is a bankrupi r partnership	omiciled or has had assets in this D g the date of this any other Districtory case concern by case concern pending in this i	ad a residence, princip istrict for 180 days petition or for a longer ing debtor's affilists, ge District.	zai place r part of snersi
TYPE OF DEBTOR Corporation Public Joint (H&W) Partnership Municipality	ly Held	CHAPTE PETITIO Chapte	applicable bo ER OR SECTION IS FILED (Co ter 7 ter 9	xes) DN OF BANK heck one bo []Chapter 1 []Chapter 1	RUPTCY CODE (x) 1 Chap 2 []\$ 30	UNDER WHICH THE	
Other NATURE OF DEBT Non-Business Consumer A TYPE OF BUSINESS (check one box)		∏Filing □Filing signe- unabl	FEE (Check or fee attached. fee to be paid d application 1 is to pay fee so	in installment or the courts cept in insta	nts. (Applicable k consideration of timents. Rule 100	o individuals only) Mu erilying that the debtar 6(b), see Officel Form	st ettech r la No3
Professional Manufacturing/ Constr. Retail/Wholesale Mining Peal E Reilroad Stockbroker Other I		Anna 300 NJ 0	i C. Little I kimbal St 17095	Esq.	e 106 Wood		
B. BRIEFLY DESCRIBE NATURE OF BUSINESS		Ann	5) OF ATTORN 1a C. little	Ésq.		RESENT THE DEBTO	1
STATISTICAL ADMINISTRATIVE INFORMATION (28) (Estimates only) (Check applicable boxes	(F F F F F F F F F F F F F F F F F F F	1 repre	Hanted by an	attorney: ()	CY COURT	<u>]</u>
Obbtor estimates that funds will be available for distri- Cobtor estimates that after any exempt property is an expenses paid, there will be no funds available for di	Case # 01-	39673 п	DIS NLW	TRICT OF Chapter 7 Newark	F NEW JERSE	Y 000153771 - MB	RECEIPT
ESTIMATED NUMBER OF CREDITORS ☐1-15 ☐36-49 ☐50-99 ☐100				newark	Code NF	AM, August 29, 2 Qty	Amount
ESTIMATED ASSETS (in thousands of dollars) Under 50 50-99 100-499 500-999 1000-	Trustee: Do Debtor(s):	mald Bia			07	1	\$30.00 \$170.00
ESTIMATED LIABILITIES (in thousands of dollars) Under 50		t Mcetin	ng of Credit	ors		iciy/	
ESTIMATED NO . OF EQUITY SECURITY HOLDERS . []0 []1-19 []20-99	10:00 AM, One Newarl One Newarl	k Center k Center			From: Anna 300 Kimball		: \$200. 00
	Suite 1401, Newark, NJ	Office o 07102-4	of the US Tr 5504	ustee	Suite 106	NJ 07095-0000	2

Name of Debtor Diego Cardona	Cana	• No
		(Court use only)
	FILING OF	NA.N
For Chapter 9, 11,12 and13 cases only. C A copy of debtor's proposed plan dated is stached.	·	Debtor intends to file a plan within the time allowed by statute, rule, or order of the court.
PRIOR BANKRU	TOY CASE FILED WITHIN LAST	S YEARS (If more than one, attech additional sheet)
Location Where Filed	Case Number	Date Filed
PENDING BANKRUPTCY CASE FIL	ED BY ANY SPOUSE, PARTNER.	OR AFFILIATE OF THIS DEBTOR (If more than one, attach additional sheet.)
Name of Debtor	Case Number	Date
Relationship	District	Judge
	BEOLIES:	T FOR RELIEF
Debtor requests relief in accordance with t		
	SIGNA	ATURES
	ATTOR	NEY
X AC JUL		Date
INDIVIDUAL /JÓI		CORPORATE OR PARTNERSHIP DESTOR
i declare under penalty of perjury that petition is true and correct.		I declare under penalty of perjury that the information provided in this petition is true and correct, and that the filing of this petition on behalf of the debtor has been authorized.
* Lugo of CARE	DONA	X
Sitinature of Debitor Dete		Signature of Authorized Individual
		Print or Type Name of Authorized Individual
X		Title of Individual Authorized by Debtor to File this Petition
Signature of Joint Debtor Date		Date
EXHIBIT "	' (Ta be completed if debtor is a	corporation requesting relief under chapter 11.)
Exhibit 'A' is attached and made a part		
TO BE COMPLETED BY IND I am awate that I may proceed under of and choose to proceed under chapter 7 of	hapter 7,11,12 or 13 of title 11, Ur	TH PRIMARILY CONSUMER DEBTS (See P.L. 98-353 \$ 322) Third States Code, understand the relief svallable under each such chapter,
If I am represented by an attorney, ext	nibit *B* has been completed.	
Stonesture of Debtor	3DORA	Date
×		Date
Signature of Joint Debtor		
i, the attorney for the debtor(s) named	in the foregoing petition, declare	ar 7 debtor(s) with primarily consumer debts.) that I have informed the debtor(s) that (he, she, or they) may proceed under the railef availabe under each such chapter.
* A LUC	7	Clebe

UNITED STATES BANKRUPTCY COURT

DISTRICT OF

in re: Diego Cardona

Debtor(s)

Case No.

(If Known)

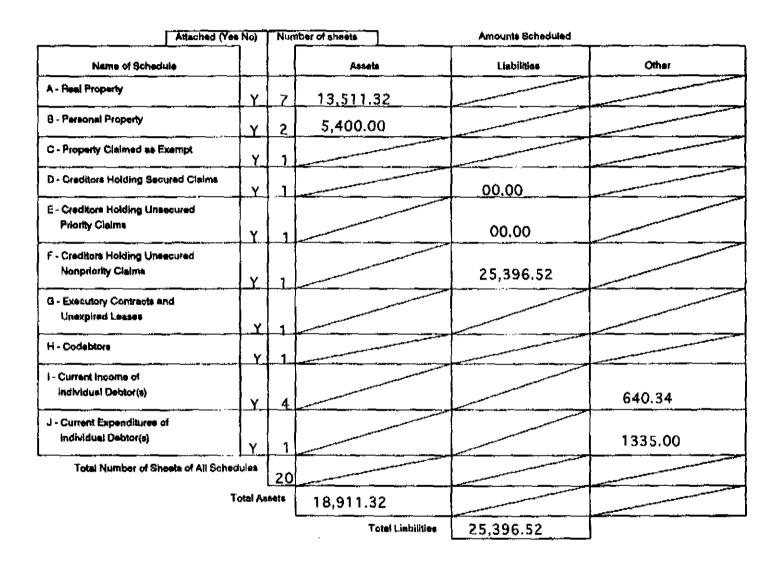
See summary below for the list of schodules. Include Unsworn Deplaration under Penalty of Perjury at the end,

GENERAL INSTRUCTIONS: Schedules D, E and F have been designed for the listing of each claim only once. Even when a claim is secured only in part, or entitled to priorityonty in part, it still should be listed only once. A claim which is secured in whole or in part should be listed on Schedule D only, and a claim which is entitled to priority in whole or in part should be listed in Schedule E only. Do not list the same claim twice. If a creditor has more than one claim, such as claims arising from separate transactions, each claim should be scheduled separately.

Review the specific instructions for each schedule before completing the schedule.

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts from Schedules D, E, and F to determine the total amount of the debtor's liabilities.



Debtor(s)

Case No.

(if known)

SCHEDULE A - REAL PROPERTY

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	TSJO	CURRENT MARKET VALUE OF DESTORS INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
935 South Elmora Ave. Elizabeth, NJ 12 Wilson Terrace Elizabeth NJ	co-owner co-owner		\$220,000.00 \$166,000.00	209,852.86 162,635.82
				(Parantalan as Susanan

SCHEDULE B - PERSONAL PROPERTY

Total -> \$ 386,000.00

(Report also on Summery of Schedules.)

TYPE OF PROPERTY	202	DESCRIPTION AND LOCATION OF PROPERTY	0 C & H	CURRENT MARKET VALUE OF DEBTORS INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand	Х			
2. Checking, savings or other finan-	1		J	
cial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and home- steed associations, or credit unions, brokerage houses, or cooperatives.	×			
Security deposits with public utilities, telephone companies, land-tords, and others.	х			
Household goods and furnishings including audio, video and computer equipment.		bed, desk, IBM Computer		\$1,900.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibits.	x			4500.00
6. Wearing apparel.		varied/assorted casual clothes		\$500.00
7. Furs and jewsky.	Х			
8. Firearms and sports, photo- graphic, and other hobby equipment.	х		ļ	
Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	х			

DEED

MORIL, ESQ.

Prepared By:

LOIDES T.

This DEED is made on December 31, 1998,

BETWEEN LUZ M. MARTINEZ, married

whose address is 507 Grier Avenue, Elizabeth, New Jersey referred to as to the GRANTOR.

AND MARIO C. RESTREPO and DIEGO A. CARDONA

whose post office address is about to be 935 South Elmora Avenue, Elizabeth, New Jersey referred to as the GRANTEE.

The words "GRANTOR" and "GRANTEE" shall mean all GRANTORS and all GRANTEES listed above.

Transfer of Ownership. The GRANTOR grants and conveys (transfers ownership of) the property described below to the GRANTEE. This transfer is made for the sum of TWO HUNDRED TWENTY THOUSAND DOLLARS (\$220,000.00). The GRANTOR acknowledges receipt of this money.

Tax Map Reference. (N.J.S.A. 46:15-2.1) Municipality of Elizabeth Block No. 4 Lot No. 1432 Account No.

Property. The property consists of the land and all the buildings and structures on the land in the **City** of **Elizabeth** County of **Union** and State of New Jersey. The legal description is:

SEE SCHEDULE "A" LEGAL DESCRIPTION ATTACHED.

BEING THE SAME PREMISES CONVEYED TO THE MORTGAGOR HEREIN BY DEED OF INOCENTE SEARA and ESTRELLA SEARA, his wife, DATED AUGUST 25, 1993 AND RECORDED IN THE OFFICE OF THE REGISTER OF UNION COUNTY ON SEPTEMBER 20, 1993 IN DEED BOOK 4009 AT PAGE 14.

SUBJECT TO EASEMENTS RESTRICTIONS AND SUCH STATE OF FACTS AS AN ACCURATE SURVEY MAY DISCLOSE.

Received & Recorded Deed Union County, NJ Inst. #

61818

Joanne Rajoppi Consider. 220,000.00
RT Fee 875.00
County Clerk Operator MCDEVITT

DB4765-0287

CHASE MANHATTAN MORTGAGE DRIVE 1400 E. NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442	Entered 08/29/01 122:00 6749) COBSECTED VICINE (APPLIED VICINE) Caution: The emount of many not be flully deductable by you. Limits based on the loan amount and the cost and value of the secured property may apply. Also, you thay arily deduct interest to the extent it was incurred by you, solusify paid by you, and not ruinbursed by another person.	MORTGAGE INTEREST STATEMENT
PHONE NO. 800 - 527 - 3040 RECIPIENT'S Federal gentification no. PAYER'S social security number 22 - 1092200 152 - 98 - 4137 PAYCR'S (BCRROWER'S name, address, and approach	1 Montgage interest received from payer(x)/borrower(s): \$ \$10,532.42 2 Points paid on purchase of principal resigence (See Box 2 on back.)	Copy B For Payer The information in boxes 1, 2, and 3 is important say information and in being jurished to the Informal
14703	\$ \$.00 3 Rehard of overpaid interest (See Box 3 on pack) \$ \$.00	Revenue Sennos, if you are required to file a return, a negigence benety to other senation may be imposed on your title IRS defermines that an underpayment of lax
MARIO C RESTREPO DIEGO CARDONA 12 WILSON TERRACE ELIZABETH NJ 07208-1712 Moduluh Madahadhadhadhadhadhadhadhadhadhadhadhadh	\$ \$3,184.93 Account number (optional) Loan type 1953079744 F.H.A.	results becall as you overstand a deduction for this mongage interest on far these points of because you do not report this refund of interest on your return.

Form 1098 Substitute

(Keap for your records.)

Department of the Treasury - Internal Revenue Service

\$3,350,34- BEGINNING BALANCE \$6,054,90 + DEPOSITS \$771.93 - MORTGAGE INS PAID \$3,184.93 - TAXES PAID \$1,252.30- ENDING BALANCE	\$211,257.16 BEGINNING BALANCE \$1,404.30 PRINCIPAL APPLIED \$209,852.86 ENDING BALANCE
	\$2,677.79 CURRENT PAYMENT \$1,185.70 CURRENT ESCROW PMT \$262.53 LATE CHARGES PAID PROPERTY ADDRESS: 935 S ELMORA AVE ELIZABETH NJ07208

----- 2000 INTEREST CALCULATIONS

TOTAL INTEREST APPLIED 2000 (NEXT DUE DATE 11/01/00) \$10,532.42
2000 MORTGAGE INTEREST RECEIVED FROM PAYER/BORROWER(S) \$10,532.42



Prepared by:

MADUEL P. SANCHEZ, ESQ

DEED

This Deed is made on June 10, 1999,

BETWEEN GLORIETTA MACARAEG, n/k/a GLORIETTA TISON AND JON TISON, HER HUSBAND

whose address is 12 Wilson Terrace, Elizabeth, New Jersey referred to as the Grantor,

AND DIEGO CARDONA, MARRIED AND MARIO A. CARDONA, MARRIED

whose address is about to be 12 Wilson Terrace, Elizabeth, New Jersey referred to as the Grantee.

The words "Grantor" and "Grantee" shall mean all Grantors and all Grantees listed above.

Tax Map Reference. (N.J.S.A. 46:15-2.1) Municipality of Elizabeth Block No. 13 Lot No. 1829 Account No.

Property. The property consists of the land and all the buildings and structures on the land in the City of Elizabeth, County of Union, State of New Jersey. The legal description is:

SEE SCHEDULE "A" ATTACHED

Being the same premises conveyed to Glorietta Macaraeg by Deed from Antonio Macaraeg and Gloria Macaraeg, his wife dated April 18, 1996 and recorded May 21, 1996 in Deed Book 4382 Page 115 in the Register's Office of Union County. Glorietta Macaraeg is married to Jon Tison who joins in this conveyance.

Being commonly known as 12 Wilson Terrace, Elizabeth, New Jersey.

Subject to zoning ordinances, easements and restrictions of record, if any, and such state of facts as an accurate survey may disclose.

Case 01-39673-NL Doc 1 Filed 08/29/01 Entered 29/01 11:22:00 Desc whose address is 10 msome Definion, FRIM MAIN 267000 sep Page of 55 referred to as the Grantor,

AND DIEGO CARDONA, MARRIED AND MARIO A. CARDONA, MARRIED

whose address is about to be 12 Wilson Terrace, Elizabeth, New Jersey referred to as the Grantee.

The words "Grantor" and "Grantee" shall mean all Grantors and all Grantees listed above.

Tax Map Reference. (N.J.S.A. 46:15-2.1) Municipality of *Elizabeth* Block No. 13 Lot No. 1829 Account No.

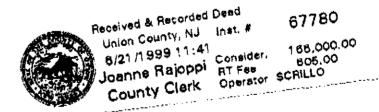
Property. The property consists of the land and all the buildings and structures on the land in the City of Elizabeth, County of Union, State of New Jersey. The legal description is:

SEE SCHEDULE "A" ATTACHED

Being the same premises conveyed to Glorietta Macaraeg by Deed from Antonio Macaraeg and Gloria Macaraeg, his wife dated April 18, 1996 and recorded May 21, 1996 in Deed Book 4382 Page 115 in the Register's Office of Union County. Glorietta Macaraeg is married to Jon Tison who joins in this conveyance.

Being commonly known as 12 Wilson Terrace, Elizabeth, New Jersey.

Subject to zoning ordinances, easements and restrictions of record, if any, and such state of facts as an accurate survey may disclose.



	8	Courted by you	CALL AND COLOR OF THE COLOR OF	2000 Substitute Form 1086	INTEREST
REC.PIEV S Federal dentification no. 21 - 0534340	PAYER'S social arounity number 139 - 48 - 2122	from payer(s	tores! received s)/borrower(s)* \$14,167,71	<u>`</u>	Copy B For Payer
FAYER'S BORROWER'S name, address, and zip	coce	residence (3 S	on purchase of principal see \$0x 2 on back.) \$.00		2 and 3 s Imponent tax information and is being furnished to the Information Review Service if you are required to file a return a
DIEGO CARDONA MARIO A CARDON 12 WILSON TERR ELIZABETH NJ	A ACE 07208-1712 Hududialdudaldal	3 Refund of over (See Box 3) \$ A Real estate to see the count number of the count num	\$.00 \$4,877.08 er (optional) Loan type		negligence penalty or other another may be imposed or you if he IRS gatermees that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points of hecause you do not report this refilms of clerest on your return

Form 1096 Substitute

(Keep for your records)

Department of the *reasury - Internal Revenue Service

BECROW RECONCILIATION	PRINCIPAL RECONCILIATION
\$1,370.92 BEGINNING BALANCE \$6,632.50 + DEPOSITS \$799.06 - MORTGAGE INS PAID \$461.00 - HAZARD INS PAID \$4,877.08 - TAXES PAID \$1,865.28 "ENDING BALANCE	\$164,171.33 BEGINNING BALANCE \$1,535.51 PRINCIPAL APPLIED \$162,635.82 ENDING BALANCE
	\$1,730.86 CURRENT PAYMENT \$522.92 CURRENT ESCROW PMT \$68.68 LATE CHARGES PAID
	PROPERTY ADDRESS: 12 WILSON TERRACE ELIZABETH NJ07208

2000 INTEREST CALCULATIONS ------

TOTAL INTEREST APPLIED 2000 (NEXT DUE DATE 01/01/01) \$14,167.71
2000 MORTGAGE INTEREST RECEIVED FROM PAYER/BORROWER(\$) \$14,167.71

--- OUTSTANDING LATE FEES DUE --- \$137-36

THIS REFLECTS THE ACTIVITY FOR THE PERIOD WE SERVICED YOUR LOAN IN 2000. IF YOUR LOAN WAS SERVICED BY ANOTHER COMPANY IN 2000 YOU WILL RECEIVE A SEPARATE STATEMENT.



la re:

32. Farm supplies, chemicals, and

33. Other personal property of any kind not already listed, itemize.

Diego Cardona Çase No. (if known) Debtor(s) CURRENT MARKET
VALUE OF DEBTORS
INTEREST IN PROPERTY
WITHOUT DEDUCTING
ANY SECURED CLAIM
OR EXEMPTION N н O W TYPE OF PROPERTY DESCRIPTION AND LOCATION OF PROPERTY N j C E 10. Annuities, itemize and name each issuer. 11. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Remize 12. Stock and interests in incorporated and unincorporated business. х X ses, itemize. 13. Interest in partnerships or joint ventures: itemize. X Government and corporate bonds and other negotiable and nonegotiable instruments.
 Accounts receivable. X х 16. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars. 17. Other liquidated debts owing debtor including tax refunds. Give X debtor incruous tax returnos. Since perticulans.

18. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule of Real Property. X Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance pol-icy, or trust. 20. Other contingent and unliquidated claims of every nature, includeing tax refunds, counterclaims of the debtor, and rights to setoff claims.

Give estimated value of each. 2). Patenta, copyrights, and other intellectual property. Give particulars 22. Licenses, franchises, and other general intangibles. Give particulars. X \$18,000.00 23. Automobiles, trucks, trailers, and other vehicles and accessories. Mitsubishi Montero Sport 1999 Financing balance \$15,000.00 24. Bosts, motors, and accessories. Х 25. Aircraft and accessories. 26. Office equipment, furnishings, and supplies. X 27. Machinery, fixtures, equipment, and supplies used in business. Χ X 28. Inventory. X 29. Animala Χ 30. Crops - growing or harvested. Give particulars. 31, Farming equipment and implements. Χ

(Include amounts from any continuation sheets attached. Report total also on Summary of Schadules) continuation sheets attached

X

Х

Total ->

5,400.00

\$

Diego CARDONA

Debtor(a)

Case No.

(if known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under (Check one box)

11 U.S.C. § 522(b)(1): Exemptions provided in 11 U.S.C. § 622(d). Note: These exemptions are available only in certain states.

[X] 11 U.S.C. § 522(b)(2): Exemptions available under applicable nonbankruptcy (ederal laws, state or local laws.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CUPPIENT MARKET VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
35 South Elmora Ave. Elizabeth NJ	11 U.S.C. 522 (b)(2)	\$10,147.14	\$220,000.00
2 Wilson Terrace Elizabeth, NJ	11 U.S.C. 522(b)(2)	\$3,364.18	\$166,000.00
household furnishings	11 U.S.C. 522 (b)(2)	\$1,900.00	\$1,900.00
clothing	11 U.S.C. 522 (b)(2)	\$500.00	\$500.00
Mitsubishi Montero Sport	11 U.S.C.522 (b)(2)	\$3,000.00	\$3,000.00
		}	

Debtor(s)

Case No.

\$878 = 1991 JULIUS BLUMBERG, INC., NYC 10013

(if known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

Check this box if debtor has no creditor CREDITOR'S NAME AND MAUNG ADDRESS INCLUDING ZIP CODE	D E B	2870	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND MARKET VALUE OF PROPERTY SUBJECT TO LIEN	coo.	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION IF ANY
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		<u> </u>	TALUE #			
			Subtotal -> (Total of this page)	i	.	
continuation sheets attac	ched		1			
ontingent, enter C; if unliquidated, enter	14. 35 -11		Total -> \$ ad, enter D {use only on last page}			

Diego CARDONA

Debtor(s)

Case No.

(if known)

	SCHEDULE E -	CR.	ED)	ITORS HOLDING UNSE	CU	RED PRIORITY	CLAIMS
	Check this box if debtor has no creditors h E OF PRIORITY CLAIMS (Check the app	_					
	Extensions of credit in an involuntary case Claims arising in the ordinary course of th appointment of a trustae or the order for n	debt	ors b 1 U.S	usiness or financial affairs after the com. .C. § 507 (a) (2).	meńci	ement of the case but before	the earlier of the
	Wages, salaries, and commissions Wages, aslaries, and commissions, include earned within 90 days immediately praced provided in 11 U.S.C. § 507 (a) (3).	ig vac ling th	ation. e filire	severance, and sick leave pay owing to g of the original petition, or the gesastion	employ tof bu	yees, up to a maximum of \$2 siness, whichever occurred	2000 per employes, first, to the extent
	Contributions to employee benefit plans Money owed to employee benefit plans to pessation of business, whichever occurre	r servi I first,	ces n to the	indered within 150 days immediately pro- extent provided in 11 U.S.C. § 507 (a)	ecedin (4).	g the filing of the original pe	tition, or the
	Centain farmers and fishermen Claims of centain farmers and fishermen, up	toar	naocin	ium of \$2000 per tarmer or fisherman, ag	ainst ti	ne debtor, as provided in 11 t	J.S.C. § 507 (a) (5).
_	Deposits by Individuals Claims of individuals up to a maximum of household use, that were not delivered or	\$900 f provid	or de led. 1	posite for the purchase, lease, or rental (1 U.S.C. § 507 (a) (6)	of proj	perty or services for persons	al, family, or
	Taxes and Certain Other Debts Owed to (Taxes, customs duties, and panalties owi	Soverr ng to f	meni edera	al Units I, state, and local governmental units as	set fo	rth in 11 U.S.C. § 507 (a) (7	').
_	Commitments to Maintain the Capital of a Claims based on commitments to the FDI or Board of Governors of the Federal Pas depository institution. 11 U.S.C. § 507 (a)	C, RTI erve S	C. Dir	ector of the Office of Thrift Supervision.	Comp to mak	troller of the Currency, ntain the capital of an Insure	d
	CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODER	٥د≰≭	Date Claim Was Incurred and consideration For Claim	.000	TÖTAL AMDUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY
A	C#						
		!					
~	C#]					
		•					
<u>~</u>	C#	I_					
F			•		ľ		
_	CH	<u></u>					
	C#	Ι.					
	C#						
	C#			Subtotal >			
	C# Continuation sheets attached.			Subtotal > (Total of this page) at page of the completed Schedule E)			

(Report total also on Summary of Schedules)

30720 1991 JULIUS BLIMBERG, INC., NYC 10015

3072-€

^{*} If contingent, enter C; if unliquidated,, enter U; if disputer, enter D.

Diego CARDONA

Debtor(s)

Case No.

(if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Bheet)

CREDITOR'S NAME AND CO H W MAILING ADDRESS E J HICLUDING ZIP GODE B C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM, IF CLAIM IS SUBJECT TO SETOFF, 80 STATE.	000	AMOUNT OF CLAIM
AC# 4121-7413-9791-9387			
Capitol One Bank P.O.Box 85147 Richmond VA 23276			238.55
4976x6		11	
NCO Financial Systems P.O.Box 41457 Philadelphia PA 19101-1457	**************************************		250.32
AC * 03 62826 088654		11	
P. O.Box 182149 Colombus OH 43218-2149			3,266.86
5408-2701-1008-0948			
P.O.Box 15368 Wilmington DE 19886-5368			4,443.03
A/C # 4225-8106-5012-8195		11	
Chase C.O.Box15583 Vilmington DE 19886-1194			2325.76
vc • 5458-0001-0351-0679			
rect Merchants Bank O.Box 21550 Ilsa OK 74121-1550			5,659,63
C* 4121-3721-0049-1041			
Ovidian Financial D.Box 9539 Inchester NH 03108-9539			1,112.66
99006722259000000		-	
tsubishi D.Box 6044 press CA 90630-0044			6,128.55
		1	
nmit Bank Melinger and Sanders Gibralter Drive Suite 2F Tis Plains NJ 07950			1,971.16
	44-1		
et no. 1 of 1 sheets attached to Schedule of Creditors ding Nonpriority Claims.	(Testing and their and	* 2	5,396.52
ontingent, enter C; if unliquidated, enter U; if disputed, enter D.			
·,,,	Tota(-> (use only on last page of <i>completed Schedule F.</i>) (Report total also on Sumn	<u> 2</u>	5,396.52

(Report total size on Summary of Schedules)

307 - 1991 JULIUS BLUMBERG, INC., NYC 10013

Debtor(e)

Case No.

3872 * 1991 JULIUS GLUMBERG, INC., NYC 10013

(N known)

SCHEDULE G ~ EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DESTOR'S INTEREST, STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

Debtor(e)

Case No.

3872 * 1991 JULIUS BLUMBERG, INC., NYC 10019

(If known)

SCHEDULE H - CODEBTORS

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Debtor(s)

Cesa No.

(If known)

SCHEDULE 1 - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by a married debtor in a chapter 12 or 13 case whether or not a joint petition is filed, unless the epouses are separated and a joint petition is not filed.

Debtor's Markel	DEPENDENTS OF DEE	TOR AND SPO	J8E	
Status:	NAMES		AGE	RELATIONSHIP
single	none		1	
			ļ	
[İ	
ļ.			}	
Employment:	DEBTOR		SPOUS	E
Occupation Pan	try help			
Name of Employer Suburban Golf Cu	lb			
How long employed 1	2/00- present			
Address of Employer 1730 Morris Ave	P.O. Roy 1278			
Union NJ 07083	. 1.0.000	-		
0.11.011 113 07 000		· ·		
Income: (Estimate of eve	erage monthly income)		DEBTOR	SPOUSE
Arrest - and he are a constant			761.10	6
Estimate monthly evertime	ges, salary,and commissions (pro rate if not paid monthly.)	********	00.00	•
SUBTOTAL		*	761.10	*
LESS PAYROLL DED	UCTIONS			
a. Payroli texes and s	locial security		113.67	
b. Insurance c. Union dues	***************************************		7.08	
d. Other (Specify)		+ > * * * * * * * * * * * * * * * * * *	00.00 00.00	
SUBTOTAL OF PAYR		, s `	120.75	*
TOTAL NET MONTHLY TO	AKE HOME PAY		640.34	. *
Regular income from ope (attach detailed statement	ration of business or profession or farm ()			
income from real property	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Interest and dividends	support payments payable to the debtor for the debtor's	*****		
use or that of depends	••			
	overnment assistance (Specify)	******		
•				
Da				
Pension or retirement income (S)				
TOTAL MONTHLY INCOM	AE .	\$	640.34	*
TOTAL COMPINED MON	TUI V INICOME		(Report also on Summi	on of Schoolules
TOTAL COMBINED MON	ITET INCOME		fuebou esso ou snumi	RA ni perandahi
Describe any increase or	decrease of more than 10% in any of the above ostogories	anticipated to o	cour within the year	

following the filing of this document:

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BURBAN GOLF CLUB - UNION REGULAR RATE & HRS. 9. 00 23.75 . 00 . 00	NEW JERSEY 670 OTHER	iga R CURRENT H VACATION	HOURS/RATES SICK PAY 1 ØØ 1 9 ØIØ	OF PAY HOLIDAY OF PAY CURRENT F	2122 EARN 10 21	Ø7/1	5/2/1 MISC. #1	25157 NON TAXABLE 200 . 00	GROSS PAY
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SOC, SEC, NO.

139-48-2122

PERIOD ENDING

07/29/01

CHECK NUMBER

25338

NET PAY

176.45

EPT.

80

EMPLOYEE NAME

DIEGO CARDONA

in re:

Diego CARDONA

Debtor(s)

Case No.

if knowen

SCHEDULE 1 - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

isbeled "Spouse".		te maintains a separate household. Complete a separate schedule of	
ent or home mortgage payment: (in	clude lot rented for mobil	ie home) \$	250.00
re real estate taxee included?	Yes No k	s property insurance included? Yes No	
ilities Electricity and heating fuel		44 ~	00.00
Water and eewer		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00.00
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ome maintenance (repairs and upk			00.00
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wrance (not deducted from wages	or included in home mor	rigage payments)	00.00
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146-			00.00
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Other			100.00
•	ncluded in home mortges	ga payments)	
pecky) stallment payments; (in shapter 12	and 13 cases, do not list	payments to be included in the plan)	
pecky) stallment payments; (in shapter 12	and 13 cases, do not list	* , , , ,	650.00
pecky) stalkment payments; (in chapter 12 Auto Other	and 13 cases, do not list	payments to be included in the plan)	
pecky) stalkment payments: (in chapter 12 Auto Other imony, maintenance, and support	and 13 vasus, do not list	payments to be included in the plan)	00.00
Auto Other limony, maintenance, and support	and 13 vasus, do not list	payments to be included in the plan)	
stallment payments: (in chapter 12 Auto Other Smorty, maintenance, and support syments for support of additional disgular expenses from operation of	and 13 vases, do not list hald to others spendents not living at yo business, profession, or fi	payments to be included in the plan) our home arm (attach detailed statement)	00.00
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packy) stallment payments: (in chapter 12 Auto Other Char and 13 vases, do not list paid to others spendents not living at you profession, or fi rt also on Summery of Sc S ONLY) low, including whether p	payments to be included in the plan) Dur home arm (attach detailed statement) chedules)	00.00 00.00 00.00	
packy) stallment payments: (In chapter 12 Auto Other Imony, maintenance, and support; syments for support of additional disgular expenses from operation of liter OTAL MONTHLY EXPENSES (Report of CHAPTER 12 AND 13 DESTOR ovide the information requested by Total projected monthly income Total projected monthly income	and 13 vases, do not list paid to others spendents not living at you ous ness, profession, or fi rt also on Summery of Sc S ONLY)	payments to be included in the plan) Dur home arm (attach detailed statement) chedules) dan payments are to be made bi-weekly, monthly, annually, or at som	00.00 00.00 00.00

in re:

Diego CARDONA

Debtor(s)

Case No.

3077 - 1991 JULIUS BLUMBERG, INC., NYC 10013

(if known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and of they are true and correct to the best of my knowledge, information, and belief.	echedules, consisting of
Date	Signature () LCGO f. CARDONY) Debtor
Cate	Signature: (Joint Debtor, if any) (If joint case, both spouses must sign.)
DECLARATION UNDER PENALTY OF PERJURY ON B	
I, the	(corporation or partnership) named as debtor in this case, idules, consisting ofsheets, and
Date	Signature:
	(Pint or type name of Individual eigning on behalf of debtor.
(An individual algning on behalf of a partnership or corporal	tion must indicate position or relationship to debtor.)
Panalty for making a false statement or concealing property: Fine of up to \$500,	ODG or imprisonment for up to 5 years at both 18 U.S.C. \$5 153 and 3571

NYC 10013

UNITED STATES BANKRUPTCY COURT

DISTRICT OF New Jersey

In re: Diego Cardona

Debtor(s)

Case No.

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses lifting a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs.

Questions 1-15 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 16-21. If the answer to any question is "None," or the question is not applicable, mark the box tabeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within the two years immediately preceding the filling of this bankruptcy case, any of the following: an officer, director, managing

executive, or person in control of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed.

"Insider," The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is "Insider." an officer, director, or person in control; officers, directors, and any person in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. §101(30).

1. Income from Employment or Operation

State the gress amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendur year. (A debtor that meintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report (iscal year incuste. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.) Give AMOUNT and SOURCE (If those in

None 2. Income Other than from Employment or Operation of Business

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 most state income for each spouse whether or not a joint patition is filed, upless the spouses are separated and a joint patition is not filed.) Give AMOUNT and SQURCE

Payments to Creditors

3. Fuyments to Creditors

None a. List all psyments on loans, installment purchases of goods or services, and other debts, aggregating more than \$600 to any creditor, made within 90 days immediately proceeding the commencement of this case. (Married debtors filling under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are reparated and tition is not filed.)

GIVE NAME AND ADDRESS OF CREDITOR, DATES OF PAYMENTS, AMOUNT PAID AND AMOUNT STILL OWING.

b. List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both aponess whether or not a joint petition is filed, unless the spouses are

REPRESENTED AND A JOINT PETITION IS NOT FILED.)

GRIP NAME AND ADDRESS OF CREATION AND RELATIONSHIP TO DESTOR, DATE OF PAYMENT, AMOUNT PAID AND AMOUNT STILL CHAING.

4. Suits and Administrative Proceedings, Executions, unta and Attach

☐ None s. List all suits and administrative proceedings to which the debtor is or was a party within one year immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
Give CAPTION OF SUIT AND CASE NUMBER, NATURE OF PROCEEDING, COURT OR AGENCY AND LOCATION and STATUS OR DISPOSITION.

None b. Describe all property that has been attached, garnished, or selzed under any legal or equitable process within one year.

2001 \$5,122.72 2000 \$24,099.00 1999 \$ 00.00

Superior Court of New Jersey Law Division Special Civil Part Union County Courthouse Old Annex 3rd floor 2 Broad Street, Elizabeth, NJ 07202 Docket # DC-3336-01

Department of the Treasury—Internal Revenue Service This information is being furnished to the Internal Revenue Service. If you are required to the a tax return a reclinerical member or other services may be	Treasury—int the internal Rev	ent of the	Departin all pried is noted muser set a est	This informa		מחחק	W-2 Wage and Tax	orm
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21 Local income tax	rai wagas, lajos, eko	ne 20 Lo	19 Locality name 20 Local wages, bits, etc.	18 State income tax	78 Sun	17 State mages, alps, etc.	sue Employer's state i.D. no.	16 S
Deferred compensation	- 3.5g	Persion pion	Dectased	15 Stationy employee	-			
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oher 2.72 NJSUI	2. 7	•	See Insus, nor box 13	¥	ş J	ž-v	WILSON TERRACE	50
で Benefits included in box 1 ・例例	12 Benefit	,	11 Nonquelified plans			ode	e Employee's name, address, and ZIP code DIEGE CARDONA)
* OOO	- Pepero	1 1	Accentice Elic paymont	4 70.60			- Companyer a second second resistance	
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ed Egs	Allocated ups		Social security tips	7 Socia			P.O. BOX 1278	
Medicare tax withheld	6 Medica	d tips	Medicare wages and tips 632, 25	s Medi			1730 MOSRIS OVENUE	7.3
Social security tax withheld	4 Social s	35,	Social security wages 63년, 25	3 Socia	1: .	₹	o Employer's name, address, and ZIP code SHRHRSKAN SDLF OLUB	33.99. 33.99.
2 Federal income tax withheld		nypensation	1 Wages, tips, other compensation 6.32. 25	1 Wage			b Employer identification number	- B
y B.)	RECORDS back of Cop	YEE'S I	Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on back of Copy B.)	(See Not	545-0008	OMB No. 1545-0008	A CONSTRUCTION	}
	2		1	,			custood our obox	

Wages, tipe, other comp. 2 Federal income tax withheld 5665.45						فالمعالم والمعالم
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yedicare wages and tipe 5964,28	1. The following information	<u>on reflects y</u>	our final 2000 pa	sy stub plus any :	edjustments submi	mea by your employer
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	2. Your Gross Pay Was Ac			e your W-2 State	ment.	N.I. Od-4- 142
Batch #00603	;	Wag	ges, Tips, other	Social Security Wages	/ Medicare Wages	NJ. State Wages, Tipe, Etc.
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1040EZ	Joint Filers With No Dependents	2000 _{ОМВ}	No. 1545-0675	9
Use IRS Label Your first name, initial, & tast name if a joint return, spouse's first name, initial, & last twine	DIEGO CARDONA			ecurity number
Home address (number and	12 WILSON TERRACE		139	-48-2122
street, & apt. no.). If you have a P.O. box, see inst. City, town or post office, state, & 7JP code. If you have a	Elizabeth NJ 07208-		Spouse's social s	security number
foreign address, see instructions, Presidential Campaign (See inst.	Note. Checking "Yes" will not change your tax of Do you, or spouse if a joint return, want \$3 to go		You N	
Income	1 Total wages, salaries, and tips. This should be		I	Dollars Cents
Attach Form(s)	box 1 of your W-2 form(s). Attach your W-2 for	<u>)m(\$).</u> <u>1</u>		24,099.
W-2 here. Enclose, but do not attach.	2 Taxable interest. If the total is over \$400, you cannot use Form 1040EZ.	2	_	
any payment.	3 Unemployment compensation, qualified state tu			
_	and Alaska Permanent Fund dividends (see instr	ructions). 3		
	4 Add lines 1, 2, and 3. This is your adjusted grincome.	ross · 4		24,099.
Note. You must check Yes or No.	from worksheet If married,	on their return? nter 7,200.00. enter 12,950.00, for explanation.	A STORY	7,200.
	6 Subtract line 5 from line 4. If line 5 is larger that line 4, enter 0. This is your taxable income.	an 6		16,899.
Payments and tax	7 Enter your Federal income tax withheld from be your W-2 form(s).	0x 2 of 7		3,112.
	Ba Earned income credit (EIC). See instructions b Nontaxable earned income; enter type and amore Type		NO_	<u></u>
	9 Add lines 7 and 8a. These are your total pays 10 Tax. Use the amount on line 6 above to find			3,112.
	in the tax table in the instructions. Then, enter the from the table on this line.	ne tax		2,531.
Refund	11a If line 9 is larger than line 10, subtract line 10 fr			
Have it directly deposited! See instructions and fill in 11b, 11c, and 11d.	line 9. This is your refund. b Routing number c Type:	112		581.
Amount you owe	12 If line 10 is larger than line 9, subtract line 9 fro amount you owe. See instructions for details o			
I have read this reti knowledge and bell	urn. Under penalties of perjury, I declare that to the bef, the return is true, correct, and accurately lists all a received during the tax year.	est of my		27777
Sign kYour signa here 1	. 	e if joint teturn. See instructions.	- For Official Use	_
Keep Date for your records.	Your occupation Date SALESMAN	Spouse's occupation	Only 6	7 8 9 10
	s this return with the preparer shown on page 2 (see ins		No	2000 Form 1040E2

CAA 0 1040EZ1 NTF 30752 GLD 4415 Copyright 2000 Greatland/Nelso LP - Forms Software Only

Case (01-39673-NLW Doc 1 Filed 08/29/01 Ente	
	EZ (ZOOO)DIEGO CARDONA	Page of 55 139-48-2122 Page 2
Use this form if	married filing jointly. January 1,	grants, unemployment compensation, qualified and your taxable interest was not over luded in box 5 and box 7 of your W-2, you may
	You did not receive any advance earned income credit payments. If you are not sure about your filing status, see instructions. If you have of TeleTax topic 354 (see instructions). If you cannot use this form, use	
Filling in your return	Enter your (and your spouse's if married) social security number on page machine, please print your numbers inside the boxes like this:	1. Because this form is read by a
For tips on how to avoid common	9 8 7 6 5 4 3 2 1 O Do not type your numb	ers. Do not use dollar signs.
mistakes, see instructions.	If you received a scholarship or fellowship grant or tax-exempt interest in municipal bonds, see the booklet before filling in the form. Also, see the Form 1099-INT showing Federal income tax withheld or if Federal income from your unemployment compensation or Alaska Permanent Fund divided.	booklet if you received a ne tax was withheld
	Remember, you must report all wages, salaries, and tips even if you do your employer. You must also report all your taxable interest, including it savings and loans, credit unions, etc., even if you do not get a Form 1099	nterest from banks,
Worksheet for dependents who	Use this worksheet to figure the amount to enter on line 5 if someone can spouse if married) as a dependent, even if that person chooses not to do someone can claim you as a dependent, use TeleTax topic 354 (see instructions). Amount, if any, from line 1 on page 1	o. To find out if
checked "Yes" on line 5 (keep a copy for your records)	B. Minimum standard deduction C. Enter the larger of line A or line B here D. Maximum standard deduction. If single, enter 4,400.00; if	D
	F. Exemption amount. If single, enter 0. If married andboth you and your spouse can be claimed as dependents, enter 2,800 G. Add lines E and F. Enter the total here and on line 5 on page 1	0.00.
	If you checked "No" on line 5 because no one can claim you (or your dependent, enter on line 5 the amount shown below that applies to you. Single, enter 7,200.00. This is the total of your standard deduction (4,4 exemption (2,800.00). Married, enter 12,950.00. This is the total of your standard deduction of the standard de	400.00) and your
Mailing	exemption (2,800.00), and your spouse's exemption (2,800.00). Mail your return by April 16, 2001Use the envelope that came with you	ir booklet. If you do not have that envelope, see
return Paid	Under penalties of perjury, I declare that I have examined this return, and correct, and accurately lists all amounts and sources of income received de information of which I have any knowledge.	to the best of my knowledge and belief, it is true, uring the tax year. This declaration is based on all
preparer's use only	Preparer's k Date of the signature 1 04	
See instructions.	Firm's name (or yours if self-employed). address, and ZIP code k COSTAMAR TRAVEL 1 310 MORRIS AVE Elizabeth NJ 07208-	EIN 22-3189510 Phone no. 908-355-7670
CAA 0 1040		Form 1040EZ (2000)

NJ-1040/ HR-1040 2000

PAGE 1



Case 01-39673-NLW Doc 1 Filed 08/29/01 Entered 08/29/01 11:22:00 Desc ted from ECM (10126709). Page 100 of 55 state of New Jersel-Income TAX - RESIDENT RETURN

HOMESTEAD REBATE APPLICATION

For Privacy Act Notification, See Instructions For Tax Year Jan. - Dec. 2000 or Other Tax Year

____, 2000 Month Ending Beginning _

THIS IS PAGE 1 OF YOUR 2000 NJ-1040/HR-1040. IT MUST BE FILED IN ORDER FOR YOUR RETURN TO BE PROCESSED

0.0

Name

Address

139-48-2122

CARD

000-00-0000

and

CARDONA DIEGO

12 WILSON TERRACE Elizabeth

2004

NJ 07208-0000

B.							
001	00	014	24099	038	334	008	0
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- FS	1	15b	0	041	0	MS	0
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12b	0	021	0	049	381	14¢	0
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13T	000000	023	0	051	47	015	0
GEF	0	024	0	052	0	16a	0
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<u> </u>			20022		- '		

Under the personies of perjury. I declare that I have examined this income tax return and Homestead Rebate Application, including accumpanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge. J				
s Signature (If filing jointly, BOTH must sign)	your check and NJ-1040-V payment voucher and your return to: N J Division of Taxation, Revenue			
Federal Identification Number 624-28-8319	Processing Center, PO Box 111, Tremon, NJ 08645-0111			
Federal Employer Identification No. 22-3189510	Taxation, Revenue Processing Center, PO Box 555, Tremon, NJ 08647-0655			
	Federal Identification Number 624-28-8319 Federal Employer Identification No.			

Case 01-39673-NLW Doc 1 Filed 08/29/01 Entered 29/29/01 11:22:00 Desc PAGE 2 AND TAGE 3 MUST BE ENCLOSED WITH PAGE 1 OF YOUR 2000 NJ-1040/HR-1040

NJ-1040/HR-1040 (2000) PAGE 2 Social Security Number Name CARDONA DIEGO 139~48-2122 3. Married, filing separate return FILING STATUS 1. X Single 2. Masried, filing joint return 4. Head of Household 5. Qualifying Widow(er) **EXEMPTIONS** 6. Regular 10. Number of other dependents 0 7. Age 65 or Over 11. Dependents attending colleges ı Blind or Disabled 12. Totals (Line 12a -- Add Lines 6, 7, 8 and 11) Number of qualified dependent children (Line 12b -- Add Lines 9 and 10) RESIDENCY 13. If you were a New Jersey resident for ONLY part of the taxable year, give the period of New Jersey residency: STATUS MONTH MONTH YEAR DAY YEAR DAY X No **GUBERNATORIAL** Do you wish to designate \$1 of your taxes for this fund? Yes **ELECTIONS FUND** Yes No If joint return, does your spouse wish to designate \$1? 24,099. Wages, salaries, tips, and other employee compensation (Enclose W-2) 14. 14 15b. 16. **1**7. Net profits from business (Enclose copy of Federal Schedule C, Form 1040) .17 18 Net gains or income from disposition of property (Schedule B, Line 4) 18. Pensions, Annuities, a. Taxable Amount Received 19a b. Less N.J. Pension Exclusion 19b and IRA Withdrawals 19c c. Subtract Line 19b from Line 19a 20 20. Distributive Share of Partnership Income (See instructions) Net pro rata share of S Corporation Income (See instructions) 21 21. Net gain or income from rents, royalties, patents & copyrights (Schedule C. Line 3) 22 22. .23. Net Gambling Winnings 23. Alimony and separate maintenance payments received25. 25. Other (See instructions) 26. Total income (Add Lines 14, 15a, 16, 17, 18, 19c, 20, 21, 22, 23, 24 and 25) 26 24,099. THIS LINE IS NOT USED ON COMPUTER GENERATED RETURNS27 27. Other Retirement Income Exclusion (See Worksheet and instr.) 28. 24,099. 29. New Jersey Gross Income (Subtract Line 28 from Line 26) See instructions $1 \times 1.000 =$ 1,000. From Line 12a 30a. Exemptions: x \$1,500 =30b. From Line 12b Total Exemption Amount (Add Line 30a and Line 30b) Part Year Residents see instructions 30c 1,000. 30c. Medical Exp/Medical Savings Acet Contributions (See Worksheet and instr.) 31. 31 32. Alimony and Separate Maintenance Payments 32. Qualified Conservation Contribution 33. 1,000 Total Exemptions and Deductions (Add Lines 30c, 31, 32 and 33) 34 34 23,099 35. Taxable Income (Subtract Line 34 from Line 29) If zero or less, MAKE NO ENTRY Property Tax Deduction (See instructions) 36. 36 099 37. NEW JERSEY TAXABLE INCOME (Subtract Line 36 from Line 35) If zero or less, MAKE NO ENTRY 37 38. 38. 334 Credit For Income Taxes Paid to Other Jurisdictions (See instructions) 39 39. 334 40. Balance of Tax (Subtract Line 39 from Line 38) Ö 41 41. Use Tax Due on Out-of-State Purchases (See instructions) If no Use Tax, enter ZERO 334 42. 42 43. Total New Jersey Income Tax Withheld (Enclose forms W-2 and 1099-R) 43 381 Property Tax Credit (See instructions) 44. .44. New Jersey Estimated Tax Payments/Credit from 1999 tax return 45. if Form NJ-2210 is enclosed. New Jersey Earned Income Tax Credit

.47

381

EXCESS New Jersey UI/HC/WD Withheld (See instr.) (Enclose Form NJ-2450)

EXCESS New Jersey Disability Insurance Withheld (See instr.) (Enclose Form NJ-2450)

47.

49

Case 01-39673-NLW Doc 1 Filed 08/29/01 Entered 08/29/01 11:22:00 Desc PAGE 2 AND AGE 3 MUST BE ENCLOSED WITH PAGE 1 OF YEUR 2000 NJ-1040/HR-1040

NJ-	1040/HR-1040 (2000)				PAGE 3
Na	me	Social Sc	curity]	Number	
_ <u>C</u>	ARDONA DIEGO	<u> 139-</u>	<u>48</u> -	<u> 2122 </u>	
5().	If payments (Line 49) are LESS THAN tax (Line 42) enter AMOUNT OF TAX YOU OWE		50		
	If you owe tax, you may make a donation by entering an amount on Lines 53, 54, 55, 56, 57 and/or 58			your check a	
51.	If payments (Line 49) are MORE THAN tax (Line 42) enter OVERPAYMENT			<u></u>	<u>47.</u>
	NOTE: AN ENTRY ON LINES 52, 53, 54, 55, 56, 57 AND/OR 58 WILL REDUCE YOUR	TAX REF	UND,		
	Deductions from Overpayment on Line 51 which you elect to credit to:				·
52.	Your 2001 tax		.52	ļ. 	
53.	The N.J. Endangered Wildlife Fund		53		
54.	N.J. Children's Trust Fund to Prevent Child Abuse		54	<u> </u>	
5 5.	The N.J. Vietnam Veterans' Memorial Fund		55		
56.	N.J. Breast Cancer Research Fund		56	<u></u>	
57.	U.S.S. New Jersey Educational Museum Fund	<u></u>	57 58		
58. 50	Total Deductions from Overpayment (Add Lines 52 through 58)		- <u>58</u>		//
59. 60.	REF(IND (Amount to be sent to you, Line 51 LESS Line 59)		60		47.
00.	KER OND (Amount to to sear to you, tame of the 39)				
				/	. /
= 4 T	NICANE TO A CAPACITATION				
ĿΑŀ	NED INCOME TAX CREDIT SCHEDULE				
Υоц	may be eligible for the New Jersey Earned Income Tax Credit if you claimed the Federal Earned Income C	redit for 2	000, y	our gross inco	me
	ine 29, Form NJ-1040 is \$20,000 or less and your filing status for New Jersey is the same as your filing status		_	-	
	m. Complete this schedule to see if you are eligible. You are not eligible for the New Jersey Ramed Income				
singl	le or married, filing separate return or if you answer "No" to question 1 below. See instructions.				
			_		_
1.	Did you file a 2000 Federal Schedule EIC, on which you listed at least one "qualifying child"?	<u> .</u>	, [] Y	es X	No
2.	Fill in the box if you had the IRS figure your Federal Earned Income Credit	[]			
3.	•				
4.	Enter 10% of amount on line 3 here and on Page 2, Line 46		4.		
	2000 HR-1040 HOMESTEAD REBATE APPLICATION				
	On December 31, 2000 I (and/or my spouse) was: Age 65 or older Blind or	disabled	П	Not 65 or blir	فالماسينة الماسية
7.	On December 31, 2000 I (and/or my spouse) was: Age 65 or older Blind or Fill in only one box. See instructions.	Olamica	Ļ	MOLOS OLDIN	ia of disapted
В.	Enter the GROSS INCOME you reported on Line 29, Form NJ-1040 or see instructions	1	9		
9.	If your filing status is MARRIED, FILING SEPARATE RETURN and you and your spouse	/			
7.	MAINTAIN THE SAME PRINCIPAL RESIDENCE enter the gross income reported on your				
	spouse's return (Line 29, Form NJ-1040) and check this box	Π	9		
10.	TOTAL GROSS INCOME (Add Line 8 and Line 9)	<u> </u>	.10.		
	STOP IF LINE 10 IS MORE THAN \$100,000, YOU ARE NOT ELIGIBLE FOR A				
11.	Enter your NJ residence on Dec. 31, 2000 if different than above. If you were not a resident on Dec. 31,			last NJ residen	ce.
	Street Address Municipality		·		
12.	Check your residency status during 2000: a. Homeowner b. Tenant	t c.	В	oth	
13.	If you checked "Homeowner" or "Both" on line 12, enter the black and lot number of the residence for w	high the re	bate is	claimed.	
	Block Lot	Qual	fier		
14a.	Did you live at more than one New Jersey residence during the year?			. Yes	No
b.	Did you share ownership of a principal residence during the year with anyone, other than your spouse?			Yes	□ No
C.	Did any principal residence you owned during the year consist of multiple dwelling units?			Yes	☐ No
d.	Did anyone, other than your spouse, occupy & share rent with you for an apt, or other rental dwelling du	ring year?		Yes	☐ No
Iom		[$\overline{}$		
Own		F	lfia		
	16b. Number of days as an owner (Sch. HR-A, PART I, Line 4)	Į.	16b		
	17. Enter total rent you (and your spouse) paid on your principal residence in NJ during 2000	[
Tena		F			
	18b. Number of days as a tenant (Sch. HR-A, PART II, Line 10)		186		
	I authorize the Division of Tayation to discuss my return and enclosures with my preparer				1 1

 $UTS0 \quad \text{N)3} \qquad \text{NTF 33502} \qquad \quad \text{Copyright 2000 Greatland/Nelso LP - Forms Software Only}$

Copy C For EMPLOYEE'S RECORDS	Department of the Treasury—Internat Revenue Service	Department of the Tre	This leform		E INI) Wage and Tax
Copy C For EMPLOYEE'S RECK Problem Number Copy C For EMPLOYEE'S RECK See Notice to Employee on back 1 Wages kps, other compensation 12 COST COST COST COST COST COST COST COST			A. 89	Or To Or	U 983851362
Copy C For EMPLOYEE'S Retriction number OMB No. 1545-0006 (See Notice to Employee on be folice		19 Locality name 20 Local w	18 State income law	17 State mages, spe. etc.	_ *
Copy C For EMPLOYEE'S Retriction number OMB No. 1545-0006 (See Notice to Employee on between number 1 Weges, tips, other compensation 6.3元。会员 3 Social security wages 6.3元。会员 6.3元。会员 6.3元。会员 6.3元。会员 6.3元。会员 6.3元。会员 6.3元。会员 7 Social security tips 6.3元。会员 9 Advence EIC payment 0.000		Deceased	15 Subutory employee		
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Copy C For EMPLOYEE'S R Copy C For EMPLOYEE'S R See Notice to Employee on b 1 Wages tips other compensation 6.32、85 1.08 5 Medicare wages and tips 6.32、85 7 Social security wages 6.32、85 7 Social security wages 6.32、85 7 Social security tips 7 Social security tips 9 Advance EIC payment 9 000	12. Benefits included in box 1 以別			ode	 Employee's name, address, and ZIP of SECTION (CERTIFICATION)
Copy C For EMPLOYEE'S R Copy C For EMPLOYEE'S R See Notice to Employee on by 1 Wages tips other compensation 6.32, 25 1.08 5 Medicare wages and tips 6.32, 25 7 Social security tips 7 Social security tips 7 Social security tips			i		o Employee's social security number
Copy C For EMPLOYEE'S R OMB No. 1545-0006 (See Notice to Employee on bu 1 Wages, tips, other compensation 6-321, 25 3 Social security wages 6-32-25 5 Medicare wages and tips 6-32-25	Allocated		7 Soc		SCREEN IN MILLS
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Copy C For EMPLOYEE'S R OMB No. 1545-0006 (See Notice to Employee on bu moloyer identification number 1 Wages tips, other compensation 5.3.2.6.25			u u		C. Employer's name, address, and ZIP of The CITTON
OMB No. 1545-0006	2 Federal income tax withheir	es. Nps, other compensation : 3은, 준質	1 Weg		b Employer Identification number
	CORDS ck of Copy B.)	For EMPLOYEE'S RE([OMB No. 154	- Consider number

Medicare Tax Withheld 86.48 MAPLEWOOD COUNTRY CLUB Fed. Income Tex Withheld Box 2 of W-2 687.43 28 BAKER ST MAPLEWOOD NJ 07040 Box 6 of W-2 2. Your Gross Pay Was Adjusted as follows to produce your W-2 Statement. NJ. State Wages, Medicare Wages Box 5 of W-2 Batch #00603 Wages, Tips, other Compensation Box 1 of W-2 Social Security Tips, Etc. Box 17 of W-2 Wages Box 3 of W-2 d Employee's \$5A number 139 - 48 - 2122 b Employer's FED IO number 22 - 1091050 6,051.26 6,051.28 6,051.26 6,051.26 Gross Pay 298.81 10 Dependent care benefits N/A N/A 298.81 Advance EIC payment Less 401(k) (D-Box 13) 87.00 87.00 87.00 87.00 12 Benefits included in box 1 Less Meak Honqualified plans 5,964.26 5,665.45 5.964.26 5,685.45 Reported W-2 Wages 13 See Instre. for box 13 25.72 UI/HC/WF 30.26 NJ DI Legal rep. Deferred con D 298.81 15 Statemp. Deceased Pension plan d come dress and ZIP code ed Employs 3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll de: DIEGO CARDONA 445 ELMORA AVE ELIZABETH,NJ 07208 Social Security Number: 139-48-2122 DIEGO CARDONA 445 ELMORA AVE Elizabeth,nj 07208 SINGLE 16 State Employer's state ID no. 17 State wages, tips, etc. NJ 221091050/000 5665.45 Taxable Marital Status: Exemptions/Allowances: 18 State Income tax 19 Locality name FEDERAL: 0 Table A 93,54 STATE: 20 Local wages, tips, et 21 Local income tax Employee Reference Copy V-2 Wage and Tax 20 Join the 40 million Americans who will e-file their income tax returns this year! Visit www.irs.gov for details. Copy C for employee's records 1999 W-2 and EARNINGS SUMMARY 2 Federal income tax withheld Wages, tips, other comp. This blue Earnings Summary section is included with your W-2 to help describe portions in more detail. 2362.44 17802.31 4 Social security tax withheld The reverse side includes general information that you may also find helpful. Social recurity wages 18520.24 1148.25 1. The following information reflects your final 1999 pay stub plus any adjustments submitted by your employer. Medicare wages and 4 268 . <u>54</u> NJ. State Income Tax Social Security 1148.25 Control Number Dept 110 18771 24 Gross Pay Box 18 of W-2 Tax Withh SUVSDI 173,64 Box 4 of W-2 loyer's name, address, and ZIP code Box 14 of W-2 2352 .44 Medicare Tax Withheld 268.54 JAPLEWOOD COUNTRY CLUB Fed. Income 8 BAKER ST 1APLEWOOD NJ 07040 Box 6 of W-2 Box 2 of W-2 2. Your Gross Pay Was Adjusted as follows to produce your W-2 Statement. NJ. State Wages, Tips, Etc. Box 17 of W-2 Batch #00915 Social Security Medicant Wages, Tips, other Compensation Box 1 of W-2 Wages Box 5 of W-2 Wages Box 3 of W-2 Employer's FEO ID Av 22 - 1091050 d Employee's SSA number 139 - 48 - 2122 8 Allocated tips 18,771.24 18,771.24 18,771.24 18,771.24 Gross Pay 717.93 N/A Ad 'Ance EIC payment N/A 10 Dependent care benefits 717.93 Less 401(k) (D-Box 13) 251.00 251.00 251.00 251.00 12 Benefits included in box 1 Less Meals 17.802.31 None valitied plans 18.520.24 18,520.24 17,802.31 Reported W-2 Wages See inst ra. for box 13 14 Other 93.86 NJ DI 79.78 UI/HC/WF ₁7 717.93 : Statemp De need Pension plan Legal rep. X Employee's nan address and 21P code 3. Employee W-4 Profile. To change your Employee W-4 Profile Information, file a new W-4 with your payroll dept HEGO CARDL NA 45 ELMORA A E LIZABETH,NJ 6 208 Social Security Number: Taxable Marital Status: DIEGO CARDONA 445 ELMORA AVE ELIZABETH,NJ 07208 SINGLE Stella Employer's state 10 no. 17 State wages, tips, etc. 17 221091050:000 17802.31 Exemptions/Allowanoes: 19 Locality name FEDERAL: 0 STATE: 0 Table A 277 73 STATE: 21 Local income tax Employee Reference Copy

Social Security Tax Withheld

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Gross Pay

NJ. State Income Tax

SUUSDI

Box 14 of W-2

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Employer's name, address, and Zir

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Control Number

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Corp

Case 01-			29/01 11:22:00 Desc.
-	Con Led from ECM Department of the Treasury – Internal Revent	(10126709) Page	of 55 Desc.
1040EZ	Income Tax Return for Single	and sooo	
	Joint Filers With No Depende	ents 2000 _{OME}	3 No. 1545-0675
Use IRS Label Your Grat name,	1		
instal, & lasi name If a joint return.	DIEGO CARDONA		Your social security number
spouse's first name. minul. & last mame			104 44 444
Home address (number and	10 MILOON MEDDAGE		139-48-2122
street, & apt. 60.). If you have a P.O.	12 WILSON TERRACE		
box, see inst. City, town or post	Elizabeth NJ 07208-		Spouse's social security number
office, state, & ZIP code, If you have a			
foreign address. see instructions.			You Spouse
Presidential Campaign (Secure	Note. Checking "Yes" will not change you Do you, or spouse if a joint return, want \$		Yes No Yes No
			Dollars Cents
Income	1 Total wages, salaries, and tips. This sho	uld be shown in	
Attach	box 1 of your W-2 form(s). Attach your	W-2 form(s).	24,099.
Form(s)			1
W-2 here. Enclose, but	2 Taxable interest. If the total is over \$400),	
do not attach,	you cannot use Form 1040EZ.	2	
any payment.	3 Unemployment compensation, qualified		
	and Alaska Permanent Fund dividends (s	ee instructions). 3	
•			
	4 Add lines 1, 2, and 3. This is your adju		
	income.	4	24,099.
Note. You	5 Can your parents (or someone else) claim Yes. Enter amount No. If sin	.=	
must check]	from worksheet If ma	gle enter 7,200.00, irried , enter 12,950.00, page 2 for explanation.	7 744
	on page 2. X See p	page 2 for explanation. 5	7,200.
	6 Subtract line 5 from line 4. If line 5 is lar	mer than	
	line 4, enter 0. This is your taxable inco	·	16,899.
Payments	7 Enter your Federal income tax withheld		
and tax	your W-2 form(s).	7	3,112.
	8a Earned income credit (EIC). See instr		
	b Nontaxable earned income: enter type an	d amount below.	
	Type	82	NO
	_	_	
	9 Add lines 7 and 8a. These are your to		3,112.
	10 Tax. Use the amount on line 6 above	• • • • • • • • • • • • • • • • • • • •	
	in the tax table in the instructions. Then,		
	from the table on this line.	10	2,531.
Refund	1 13 If line 9 is larger than line 10, subtract lin	= 10 from	
Have it	line 9. This is your refund,	11a	581.
directly 4	b Routing number		-i
deposited! See	C Type: d Account		· (/
and fill in 11b.	Checking Savings number		
ile, and ild.			
Amount you owe	12 If line 10 is larger than line 9, subtract line amount you owe. See instructions for de		
	rn. Under penalties of perjury, I declare that to		
	of, the return is true, correct, and accurately list		
•	received during the tax year.		For
Sign Kyour signal here 1	Spouse's	signature if joint return. See instructions.	Official
Keep Date	Your occupation Date	Spouse's occupation	— Only
for your records.	SALESMAN	phonse 2 ocembanou	└── ──────────────────────────────────
	this return with the preparer shown on page 2 (s	see instructions)? Yes	6 7 8 9 10 No
	cy Act, and Paperwork Reduction Act Notice,	,	2000 Form 1040EZ
CAA 0 1040	EZ1 NTF 30752 GLD 4415 C	opyright 2000 Greatland/Nelco LP - Forms Softwar	

	EZ (2000) Breete LIRBON (1012670	9) Page of 5	55 139-48-2122	Page
Use this form if	Your filing status is single or married filing jointly.	You (and your spouse if to January 1, 2001, and not b	olind at the end of 2000.	
	You do not claim any dependents.	Your taxable income (line		
	You do not claim a student loan interest deduction (see in You had only wages, salaries, tips, taxable scholarship of state tuition program earnings, or Alaska Permanent Fund \$400. But if you earned tips, including allocated tips, that not be able to use Form 1040EZ. See instructions. If you Alaska Permanent Fund dividends, see instructions.	or fellowship grants, unemple dividends, and your taxable t are not included in box 5 a	oyment compensation, qualified e interest was not over and box 7 of your W-2, you may	
	You did not receive any advance earned income credit pa	yments.		
	If you are not sure about your filing status, see instructions. I TeleTax topic 354 (see instructions). If you cannot use this			
Filling in your return	Enter your (and your spouse's if matried) social security num machine, please print your numbers inside the boxes like this		form is read by a	
For tips on how to avoid common	9 8 7 6 5 4 3 2 1 O Do not type	e your numbers. Do not use	dollar signs.	
mistakes, see instructions.	If you received a scholarship or fellowship grant or tax-exem municipal bonds, see the booklet before filling in the form. A Form 1099-INT showing Federal income tax withheld or if F from your unemployment compensation or Alaska Permanent	lso, see the booklet if you re ederal income tax was withh	eccived a	
•	Remember, you must report all wages, salaries, and tips ever your employer. You must also report all your taxable interest, savings and loans, credit unions, etc., even if you do not get:	including interest from bank		
Worksheet for dependents	Use this worksheet to figure the amount to enter on line 5 if s spouse if married) as a dependent, even if that person chooses someone can claim you as a dependent, use TeleTax topic 35	not to do so. To find out if		
who	A. Amount, if any, from line 1 on page 1		.	
hecked	B. Minimum standard deduction	+ 250.00 Enter	tonij A	700.00
'Yes" on Ine 5	C. Enter the larger of line A or line B here			/00.00
ille J	D. Maximum standard deduction. If single, enter 4	,400.00; if		
keep a copy for	married, enter 7,350.00		. , , , , . , . ,	
our records)	E. Enter the smaller of line C or line D here. This is standard deduction		E	
	F. Exemption amount.		7	
	If single, enter 0.		<u>.</u>	
	If married and—		j F	
	both you and your spouse can be claimed as de	pendents, enter 0.		
	-only one of you can be claimed as a dependent,	enter 2,800.00.	ل	
	G. Add lines E and F. Enter the total here and on line	S on page 1 , ,	,	
	If you checked "No" on line 5 because no one can claim yo dependent, enter on line 5 the amount shown below that applies		l) as a	
	Single, enter 7,200,00. This is the total of your standard de exemption (2,800.00).	duction (4,400,00) and your		
	Married, enter 12,950.00. This is the total of your standard exemption (2,800.00), and your spouse's exemption (2,800			
failing ecum	Mail your return by April 16, 2001 Use the envelope that car instructions for the address to use.			
aid reparer's	Under penalties of perjury, I declare that I have examined this correct, and accurately lists all amounts and sources of income information of which I have any knowledge. Preparer's ** ** ** ** ** ** ** ** **	received during the tax year	Knowledge and belief, it is true. This declaration is based on all Check if self- Preparer a SSN or PTI	(N)
se only	signature 1	04/09/2001		
e instructions.	Firm's name (or yours COSTAMAR TRAVEL		EIN 22-3189	
o mondemone,	if self-employed), 310 MORRIS AVE		Phone no.	
	address, and ZIP code Elizabeth NJ 072	08-	908~355-1	7670

NJ-1040/ HR-1040 2000

PAGE 1

HOMESTEAD REBATE APPLICATION

For Privacy Act Notification, See Instructions For Tax Year Jan. - Dec. 2000 or Other Tax Year

____, 2000 Month Ending Beginning _

THIS IS PAGE 1 OF YOUR 2000 NJ-1040/HR-1040. IT MUST BE FILED IN ORDER FOR YOUR RETURN TO BE PROCESSED

0.0

Name

139-48-2122

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and

Address

CARDONA DIEGO

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Under the penalties of perjury, I declare that I have examined this income tax return and Homestead Rebate Application, including accompanying schedules and signements, and to the best of my knowledge and belief, it is true, correct and complete, if prepared by a person other than taxpayer, this declaration is based on all information of which the preparer has any knowledge.

Spouse's Signature (If filing jointly, BOTH must sign) Your Signature Date Paid Preparer's Signature Federal Identification Number 624-28-8319 Firm's Name COSTAMAR TRAVEL Federal Employer Identification No. Elizabeth NJ 07208-22-3189510

Pay amount on line 50 in full, Write Social Security # on check or money order and make payable to: STATE OF NEW JERSEY - TGI If you have an amount due, enclose your check and NJ-1040-V payment woucher and your return to: N J Division of Taxation, Revenue Processing Center, PO Box 111, Trenon, NJ 08645-011 IF REFUND; N I Division of Taxation. Revenue Processing Center, PO Box \$55, Tremon, NJ 08647-0555

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NJ-1040/HR-1040 (2000) PAGE 2

Nam C.Z		1 Security 9 - 48 -	Number 2122	
EU IN	G STATUS 1. X Single 2. Married, filing Joint return 3. Married, filing separate return 4. Head o		5. Qualify:	
			3. Quality:	ing wildow(er)
EV CI.	1PTIONS 6. Regular II. 10. Number of other depender 7. Age 65 or Over II. Dependents attending colle 8. Blind or Disabled II. Totals (Line 12a Add L		·	
	8. Blind or Disabled 0 12. Totals (Line 12a Add L	_	9 and 11\	010
	9. Number of qualified dependent children 0 (Line 12b Add L			1-3
	9. Number of desirines dependent enhancing of Cine 128 - Add L	mes > and		
	DENCY 13. If you were a New Jersey resident for ONLY part of the From ATUS taxable year, give the period of New Jersey residency: MONTH DAY YEAR	_ To	MONTH DAY	
	and the first of t	No	MONIA DAT	YEAR
		No		
~ <u>-</u>		<u> </u>	<u> </u>	
14.	Wages, salaries, tips, and other employee compensation (Enclose W-2)	14	24	099.
	Taxable interest income	15a		
	Tax exempt interest income. DO NOT include on Line 15a			
16.	Dividends	16.	•	
	Net profits from business (Enclose copy of Federal Schedule C, Form 1040)	<u> </u>		
	Net gains or income from disposition of property (Schedule B, Line 4)	·		
	Pensions, Annuities, a. Taxable Amount Received	1		
	and IRA Withdrawals b. Less N.J. Pension Exclusion	7 1		
	c. Subtract Line 19b from Line 19a	190		
20.	Distributive Share of Partnership Income (See instructions)	_ 		
	Net pro rata share of S Corporation Income (See instructions)	 - 		
	Net gain or income from rents, royalties, patents & copyrights (Schedule C, Line 3)	· 	<u> </u>	
	Net Gambling Winnings	+		
	Alimony and separate maintenance payments received			
	Other (See instructions)		·	
	Total income (Add Lines 14, 15a, 16, 17, 18, 19c, 20, 21, 22, 23, 24 and 25)		24.	099.
	THIS LINE IS NOT USED ON COMPUTER GENERATED RETURNS			
	Other Retirement Income Exclusion (See Worksheet and instr.)	<u> </u>		
	New Jersey Gross Income (Subtract Line 28 from Line 26) See instructions	` -	24.	099.
	Exemptions: From Line 12a $1 \times 1,000 = 1,000$.	`\ -		
30b.	From Line 12b x \$1,500 =	1 1		
	Total Exemption Amount (Add Line 30a and Line 30b) Part Year Residents see instructions	. 30c	٦.	000.
	Medical Exp/Medical Savings Acct Contributions (See Worksheet and instr.)	31		
	Alimony and Separate Maintenance Payments			
	Ouglified Conservation Contribution			
	Foral Exemptions and Deductions (Add Lines 30c, 31, 32 and 33)		1.	000.
	Taxable Income (Subtract Line 34 from Line 29) If zero or less, MAKE NO ENTRY	-		099.
	Property Tax Deduction (See instructions)			
	NEW JERSEY TAXABLE INCOME (Subtract Line 36 from Line 35) If zero or less, MAKE NO ENTRY	37	23.0	99.
	Fax (From Tax Tables)			334.
	Predit For Income Taxes Paid to Other Jurisdictions (See instructions)	 _		
	Balance of Tax (Subtract Line 39 from Line 38)	 		334.
	See Tax Due on Out-of-State Purchases (See instructions) If no Use Tax, enter ZERO		<u>`</u>	0
	Total Tax (Add Line 40 and Line 41)			334.
	Cotal New Jersey Income Tax Withheld (Enclose forms W-2 and 1099-R)	—		81.
	Property Tax Credit (See instructions)	├ ── <i>†</i> ─		
	New Jersey Estimated Tax Payments/Credit from 1999 tax return			
	Check if Form NJ-2210 is enclosed.			
	lew Jersey Earned Income Tax Credit	146	······	
	EXCESS New Jersey UI/HC/WD Withheld (See instr.) (Enclose Form NJ-2450)			
	XCESS New Jersey Disability Insurance Withheld (See instr.) (Enclose Form NJ-2450)			"
	otal Payments/Credits (Add Lines 43 through 48)			81.
	Vom Laying-marchedia (Add Entra To unough To)			V 4 1

	me								Social	Section	y Number	
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50.	If payme	nts (Line	49) are LESS 7	THAN lax (Lin	e 42) enter AMO	UNT OF T	AX YOU C			50	<u> </u>	
	If you ov	we tax, yo	u may make a	donation by en	tering an amount	on Lines 5	3, 54, 55, 5	6, 57 and/or	58 and add	ling this	to your c	heck amoun
5 1.					ine 42) enter OVE							
	N	OTE: AN	ENTRY ON I	LINES 52, 5 3,	, 54, 55, 56, 57	'AND/OR	58 WILL F	REDUCE YO	UR TAX	REFÜNI).	
	Deductio	ns from C	iverpayment or	n Line 51 which	h you elect to crea	dit to:				_		
52 .					,		. <u>.</u>	<u></u>		52		
53.	The N.J.	Endanger	ed Wildlife Fu	ınd		. 📗 \$10	\$20	Other		53		
54	N.J. Chil	ldren's Tn	ust Fund to Pre	event Child Abi	us c	. 510	\$20	Other		54	Ţ	
55.	The N.J.	Vietnam '	Veterans' Morr	norial Fund		\$10	\$20	Other		55		
56.	N.J. Brez	ast Cancer	Research Fund	d	,	\$10	\$20	Other		56		
5 7.	U.S.S. N	ew Jersey	Educational M	Auseum Fund		. 510	\$20	Other		57		
58.	Other De	signated C	Contribution .		, ,	510	\$20	Other		58		
59.	Total Dec	ductions fr	om Overpaymi	ent (Add Lines	52 through 58)	- .,			, . , . ,	. 59		
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2. 3. 4.	Enter the	box if you	Federal Earne	ed Income Cred re and on Page	lit from your 2000 2. Line 46) Federal F	огт 1040 о	r 1040a		M-1		
3.	Enter the	box if you	Federal Earne	ed Income Cred re and on Page	lit from your 2000) Federal F	огт 1040 о	r 104 0 a		M-1		
3. 4.	Enter the Enter 109 On Decem	box if you amount of of amount of am	Federal Earne nt on line 3 her	ed Income Cred re and on Page 2000 my spouse) was	lit from your 2000 2, Line 46 HR-1040 HOM) Federal F	EBATE AP	r 1040a 		. [4.	Not 65 o	r blind or di
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THE SUPERIOR COURT OF NEW JERSEY Law Division, Special Civil Part

SUMMONS

YOU ARE BEING SUED!

IF YOU WANT THE COURT TO HEAR YOUR SIDE OF THIS LAWSUIT, YOU MUST FILE A WRITTEN ANSWER WITH THE COURT WITHIN 20 DAYS OR THE COURT MAY RULE AGAINST YOU. READ ALL OF THIS PAGE AND THE NEXT PAGE FOR DETAILS.

In the attached complaint, the person suing you (who is called the plaintiff) briefly tells the court his or her version of the facts of the case and how much money he or she claims you owe. You are cautioned that if you do not answer the complaint, you may lose the case automatically, and the court may give the plaintiff what the plaintiff is asking for, plus interest and court costs. If a judgment is entered against you, a Special Civil Part Officer may seize your money, wages or personal property to pay all or part of the judgment and the judgment is valid for 20 years.

You can do one or more of the following things:

1. Answer the complaint. An answer form is available at the Office of the Clerk of the Special Civil Part. The answer form shows you how to respond in writing to the claims stated in the complaint. If you decide to answer, you must send it to the court's address on page 2 and pay a \$10 filing fee with your answer and send a copy of the answer to the plaintiff's lawyer, or to the plaintiff if the plaintiff does not have a lawyer. Both of these steps must be done within 20 days (including weekends) from the date your were "served" (sent the complaint). That date is noted on the next page.

AND/OR

2. Resolve the dispute. You may wish to contact the plaintiff's lawyer, or the plaintiff if the plaintiff does not have a lawyer, to resolve this dispute. You do not have to do this unless you want to. This may avoid the entry of a judgment and the plaintiff may agree to accept payment arrangements, which is something that cannot be forced by the court. Negotiating with the plaintiff or the plaintiff's attorney will not stop the 20 day period for filing an answer unless a written agreement is reached and filed with the court.

AND/OR

3. Get a lawyer. If you cannot afford to pay for a lawyer, free legal advice may be available by contacting Legal Services a 908-354-4340. If you can afford to pay a lawyer but do not know one, you may call the Lawyer Referral Services of your local county Bar Association at 908-353-4715.

If you need an interpreter or an accommodation for a disability, you must notify the court immediately.

La traducción al español se encuentra al dorso de esta página.

Clerk of the Special Civil Part

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Employee Signature ATLANTIC COUNTY Deputy Clasefule-Secrist New Doc 1 Deputy Clerk of the Superior Court Civil Division, Direct Filing Converted from ECM (10126709) Page 1201 Bacharach Blvd., First Fl. ESSEX COUNTY Atlantic City, NJ 08401 LAWYER REFERRAL 1-609-345-3444

BERGEN COUNTY

LEGAL SERVICES

1-609-348-4200

Deputy Clerk of the Superior Court Case Processing Section, Room 119 Justice Center, 10 Main St. Hackensack, NJ 07601-0769 LAWYER REFERRAL 1-201-488-0044 LEGAL SERVICES 1-201-487-2166

BURLINGTON COUNTY

Deputy Clerk of the Superior Court Central Processing Office Attn.: Judicial Intake First Fl., Courts Facility 49 Rancocas Rd. Mt. Holly, NJ 08060 LAWYER REFERRAL 1-609-261-4862 LEGAL SERVICES 1-609-261-1088

CAMDEN COUNTY

Deputy Clerk of the Superior Court Civil Processing 1* F., Hall of Records 101 S. Fifth Street Camden, NJ 08103 LAWYER REFERRAL 1-856-964-4520 LEGAL SERVICES 1-856-338-9227

CAPE MAY COUNTY

Deputy Clerk of the Superior Court 9 N. Main Street Box DN-209 Cape May Court House, NJ 08210 LAWYER REFERRAL 1-609-463-0313 LEGAL SERVICES 1-609-465-3001

CUMBERI AND COUNTY

Deputy Clerk of the Superior Court Civil Case Management Office Broad & Fayette Sts., PO Box 615 Bridgeton, NJ 08302 LAWYER REFERRAL 1-856-452-5291 LEGAL SERVICES 1-856-451-0003

LAWYER REFERRAL 1-973-622-7753 LEGAL SERVICES 1-973-624-4500

GLOUCESTER COUNTY

Deputy Clerk of the Superior Court Civil Case Management Office Attn.: Intake First Fl., Court House 1 North Broad Street, PO Box 129 Woodbury, NJ 08069 LAWYER REFERRAL 1-856-848-4589 LEGAL SERVICES 1-856-848-5360

HUDSON COUNTY

Deputy Clerk of the Superior Court Superior Court, Civil Records Dept. Brennan Court House-1st Floor 583 Newark Avenue Jersey City, NJ 07306 LAWYER REFERRAL 1-201-798-2727 LEGAL SERVICES 1-201-792-6363

HUNTERDON COUNTY

Deputy Clerk of the Superior Court Civil Division 65 Park Avenue Flemington, NJ 08862 LAWYER REFERRAL 1-908-735-2611 LEGAL SERVICES 1-908-782-7979

MERCER COUNTY

Deputy Clerk of the Superior Court Local Filing Office, Courthouse 175 South Broad St., PO Box 8068 Trenton, NJ 08650 LAWYER REFERRAL 1-609-585-6200 LEGAL SERVICES 1-609-695-6249

MIDDLESEX COUNTY

Deputy Clerk of the Superior Court Administration Building Third Floor 1 Kennedy Sq., PO Box 2633 New Brunswick, NJ 08903-2633 LAWYER REFERRAL 1-732-828-0053 LEGAL SERVICES 1-732-249-7600

8/29/01711/22:00 nt Pesc Page 39 of 550 Box 1269 Freehold, NJ 07728-1262 LAWYER REFERRAL 1-732-431-5544 LEGAL SERVICES 1-732-866-0020

Deputy Clerk of the Superior Court

MORRIS COUNTY Deputy Clerk of the Superior Court Civil Division 30 Schuyler Pl., PO Box 910 Morristown, NJ 07960-0910 LAWYER REFERRAL 1-973-267-5882 LEGAL SERVICES

1-973-285-6911

1-732-341-2727

1-973-345-7171

OCEAN COUNTY Deputy Clerk of the Superior Court Court House, Room 119 118 Washington Street Toms River, NJ 08754 LAWYER REFERRAL 1-732-240-3666 LEGAL SERVICES

PASSAIC COUNTY Deputy Clerk of the Superior Court Civil Division Court House 77 Hamilton St. Paterson, NJ 07505 LAWYER REFERRAL 1-973-278-9223 LEGAL SERVICES

SALEM COUNTY Deputy Clerk of the Superior Court 92 Market St., PO Box 18 Salem, NJ 08079 LAWYER REFERRAL 1-856-935-5629 LEGAL SERVICES 1-856-338-9227

SOMERSET COUNTY Deputy Clerk of the Superior Court Civil Division Office New Court House, 3 rd Fl. PO Box 3000 Somerville, NJ 08876 LAWYER REFERRAL 1-908-685-2323 LEGAL SERVICES 1-908-231-0840

SUSSEX COUNTY
Deputy Cleric Star Supply Supp

UNION COUNTY

LEGAL SERVICES 1-973-383-7400

Deputy Clerk of the Superior Court 1" Fl., Court House 2 Broad Street Elizabeth, NJ 07207-6073 LAWYER REFERRAL 1-908-353-4715 LEGAL SERVICES 1-908-354-4340

WARREN COUNTY

Deputy Clerk of the Superior Court Civil Division Office Court House Belvidere, NJ 07823-1500 LAWYER REFERRAL 1-973-267-5882 LEGAL SERVICES 1-908-475-2010 MELLINGER & SANDERS, P.A. 101 Gibraltar Dr., Suite 2F Morris Plains, New Jersey 07950 (973) 267-0220 Attorney(s) for Plaintiff(s)

FLEET NATIONAL BANK, as successor by merger to SUMMIT BANK,

SUPERIOR COURT OF NEW JERSEY LAW DIVISION: SPECIAL CIVIL PART UNION COUNTY

Plaintiff,

DOCKET NO .:

VS.

OSCAR SUAREZ AND DIEGO CARDONA,

CIVIL ACTION
AMENDED COMPLAINT
(CONTRACT)

Defendant(s).

Plaintiff, FLEET NATIONAL BANK, as successor by merger to SUMMIT BANK, with principal offices at 335 Ridge Road, Dayton, New Jersey by way of Complaint says:

- 1. On or about April 15, 1998, Plaintiffentered into an Agreement with the defendant(s), OSCAR SUAREZ AND DIEGO CARDONA, wherein the plaintiff did covenant and agree to advance and loan cash unto the defendant(s) pursuant to a Note Agreement. A copy of said Note, together with Credit Application and account printout is attached hereto and made a part hereof.
- 2. Pursuant to the said Agreement, the plaintiff did advance certain sums unto the defendant(s) upon which there is now principal due of \$1,541.17 plus interest of \$180.34 and late fee of \$20.00 or a total sum of \$1,746.51.
- 3. Said Note provides that the plaintiff may charge a collection fee of 20% of the first \$500.00 of the indebtedness and 10% on any debt over \$500.00 up to \$2,000.00, and 5% of any amount in excess of \$2,000.00 plus all court costs and all other costs allowed by law, including

reasonable attorney's fees. Thus the defendant(s) are indebted to the plaintiff in the sum of \$224.65 for collection costs pursuant to said Agreement.

- 4. Jurisdiction lies in Union County as the defendant, OSCAR SUAREZ, resided at 524 3rd Avenue, Apt. #3, Elizabeth, New Jersey at the time he executed the Note and credit application.
 - 5. Defendant(s) defaulted upon payment on or about October 20, 2000.
- 6. Demand for payment has been made upon said defendant(s) and said defendant(s) have failed and refused to pay same.

WHEREFORE, plaintiff demands judgment against defendant(s) OSCAR SUAREZ AND DIEGO CARDONA, jointly and severely, in the sum of \$1,971.16 together with lawful interest and costs of suit.

CERTIFICATION

I hereby certify that the matter in controversy is not the subject of any other action pending in any court, or of a pending arbitration proceeding. I do not know of any other contemplated action or proceeding.

MELLINGER & SANDERS, P.A.

Attorneys for Plaintiff

BY:

LOUIS MELLINGER, ESQ.

Dated: March 29, 2001

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First year change its address by giving such a notice to the other respectable notion, when notice is required, shell be deemed to be 10 days. Extension: We may allow you to postpose your monthly payments as particles. When that happens, interest she continue to secrice end you will be pay any France Charges that are due. The persponsement will not change that stry group Cradit Life insurance end/or Credit Accident and Health insurables.

pay any presence charges that are one, are personant and Health basophers.
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things. Those things are: (8 to declare of the Note and send interest
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"presentment"; (8 to give notice that amounts due have not been paid lime
"notice of dishoner's and (8) to obtain an official certification of numps
(thrown as "present").
We walve the right to treat any property other than the Collateral as secuthis Note. A walve of any other of our rights under this Note will not be at
unless it is in a signed writing.
Ne heatice So Loss Of Registes We can de any of the following without noisresidence in the residence of Registrative to scale the following without noismarked "paid in for" or with similar language as a partial payment under this
(8) gives additional time for payment of any annext ording under this Nostandias, give up or delay marching any right against any pareon or preparadd or release any person or property obligation under this Note; or loy
present or enforce our interest in any of the Collateral.

Beautif And Burden: All the benefits of this Note shall favor us, our succe
and assigns. The obligations shall be pitmeny. Each of you will be
apparately and together, for all of your positions in this Note.

Lave This Note will be governed by the level of the state of New Jersay,
federal laws apply.

SECURITY AGREEMENT As used in the following sections of this Security Agree

As used in the following sections of this Security Agreement, the words "you" Security interests by signing this Note and Security Agreement, you grant un what is known as a security interest in the property described as Colleteral on the front pide of this Note. The security interest will senter all amounts you awe us under this Note, plus interest. All Colleteral such sects all amounts you awe us under this Note, plus interest. All Colleteral such colleteral are also severed by the security interest. Committed as "Owner" on the front of this Note and the Colleteral accept for myone identified as "Owner" on the front of this Note and Agreement, No other person or organization has a security interest in its or other dains to it. You will not give anyone size a security interest in the Colleteral, and it, issue it, you will not give anyone size a security interest in the Colleteral, and it, issue it, or give it seway, as long so your Note to us remains unpold. Since also position, and will protect it squicest loss, damage, and destruction from any you also promise to:

1. pay all trace and other charges on the Colleteral.

2. have our accurity interest shown on any certificate of ownership or other this for the Colleteral, and mell the original certificate to us within 8 days of the date of the note.

4. northy as in writing immediately if you change your address.

5. northy as in writing immediately if you change your address.

6. do all that is received by pretect our security interest in the California.

5. pecial Provisions: This section applies only if the California in the control of accurities or promisery notes. You agree that the exercise of resonable save does not require us to if take stops to preserve your rights under the securities or notes of the countries or notes.

6. do all that is received by pretect our security increases in the control of accurities or promisery notes. You agree that the exercise of resonable save does not require us to if take stops to preserve your rights under the securities or notes. We can daily enforcing any of our rights under the Agreement will be given daily enforcing any of our rights under the Agreement will be given daily enforcing any of our rights under the Agreement will be given daily enforcing any of our rights under the Agreement will be given daily enforcing any of our rights under the Agreement will be given to the same or any other parties. On the countries or promisely required to the same or any other securities or notes for payment or countries your additions.

6. to all that is received that is received to preterious or promisery notes. We have no duty to grather payles, the laws no duty to grather that is received to the securities or promisery notes.

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Collectural insegnment Please refer to the Property Insurance notice which a below.

Default: You will have pussession and use of the Collectural unless one events of default, as described above, count.

Remarker On Default: If any act course that constitutes default, you will the Collectural to us upon our request, or we can take it constitutes without review you. We can sail the Collectural at a public or private suits. If the law requires give you advance existing of the said, you agree that 10 days will be enough: We also have the right to take any personal possessions found in the Collectural by this Agreement at the time it is repossessed. If within 60 days appropriated by the Agreement at the time is is repossessed. It within 60 days appropriated by two, pay our expenses in repossession and sailing the Collectural by two, pay our expenses in repossession and sailing the Collectural by two, pay our expenses in repossession and sailing the Collectural by two receives to not anough to repay what you owe us you will state in pay the difference. Additional Remediae Upon Default II the Collectural consists of security repossessory notes, we get to the exception or promiseory notes to early the collectural through the repossession of our designes. We said the leasers of the securities or promiseory notes to early the preserve you and dividents that become payable. We have no duty to preserve you.

PROPERTY INSURANCE

Property insurance is required by us against loss or demands to the Collectural. You may choose the immunics carrier from which such insurance is to be obtained as the company is acceptable to us. The deductible amount of your policy will be no more than \$500.00 for comprehensive and collision coverage. Fire improvement cost of all structures is required to be obtained and maintained at your cost and expense until title secount is closed and the believes of this loss is policy from a policy of the interest as a "Standard Mortgage Closes" and we must be named as mortgages. As no the interest as a "Standard Mortgage Closes" and we must be named as mortgages after the cost of the interest and coverage, we may obtain a policy which nowhere our interest at your expenses. If you do not reinforce the Bank for the cost of the interest and the second the interest and the amount of the your expenses. If you do not reinforce the Bank for the cost of the interest and the amount of the your outstanding loan belieful with each to select a the amount due to your outstanding loan belieful within each of the amount due to your outstanding loan belieful within each of the amount of the poly outstanding loan belieful within the second at the amount of the poly outstanding loan belieful within each of the amount of the poly outstanding loan belieful within each of the amount of the poly of the p

FLOOD INSURANCE

Flood insurance may be required at any time during the term of the loan if it is entermined that your property is located within an identified Special Flood Mazz. [SFHA]. You may choose the insurance carrier from which such insurance is to be obtained, as long as the company is acceptable to us. You may obtain an authorized insurance at your cost and expense until this secount is closed and the unpuid between this loss is paid in full. If you fail to obtain a said goverage, we will obtain it on your behalf for which you will reignburse the flank. If you do not reimburse the flank for the course of the insurance Gookeding and/or beforeign constraints the flank for the course of the frameway that party within a reasonable amount of thus, you understand that we have the right to amount due to your autotanding loan belance which will econe interest at the errors presentage rate in effect.

NOTICE OF PROPOSED INSURANCE

If you signed the Authorization on the reverse side requesting Group Cradit Life insurance or Group Cradit Life and Disability Insurance coverage and a characteristic in the Receipts of Amount Finance Company, Georgia (onlied "Insurance To you to Union Security Life insurance Company, Georgia (onlied "Insurance To you to Union Security Life insurance Company, Georgia (onlied "Insurance") for the coverage or coverages.

The insurer has the right to secept or reject you for coverage. You are not alignia for neverage if you have reached your 88th birthday on the data your you are accepted, our coverage will start on the data your debt begins and will said on the data your last payment on the data is scheduled to be parabowing your coverage will be sent to you within 30 days after the data your debt begins. The Sank will refund to you the amount of any charge for the insurer date not have to you.

you elected reducing coverage, the amount of your insurance during the first menth will be the emount physics on the precise side as Total of Psymonta in hear 440,000. Each month effect that your insurance will dealine by an equal amount. The emount is determined by dividing the number of months in the hear Total of Psymonta. The renount of insurance will be the unput of any payment that is not more than it days past due on the date of your death. If you appear to the emount of the emount financed about on the reverse side, not more than 60 days in an expected interest. If your original amount financed accesses the emount of insurance then your insurance mount will be reduced equally by the nearest of insurance to the original amount financed, if the emount of insurance then your insurance to the death or mount of the emount of insurance to the emount of the

Disability insurance is available for the first becomes only. It amounted for disability coverage and you become totally disabled within your terms of coverage and you hacome totally disabled within your terms of coverage and you hacome totally disabled within your terms of coverage and you hacome totally disabled within your terms for each day your accident or sixtually disabled that, your monthly instally any interest not exceed 450,000 and the combination for all disability berief on the debt and any other debts which you have with the Bank that are beauted with the insure must not exceed \$50,000. No beautiful of any other debt and any other debts which you have with the Bank that are beauted with the insure must not exceed \$50,000. No beautiful of any other debts and any other debts and interest or industry on the state of the surface with a military and in three dwarf of wer of any of the childbirds, elective section or programmy, except complications of programmy, elective section or programmy, except complications of programmy as defined by the laws and regulations of this exita, whether coloring on the

Case 01-39673		8/29/01 11:22:00 Desc
	APPLY BY PHONE 24 HOURS A DAY, S	DAYS A WEEK. CALL 1-888-8SUMMIT.
	√Type of Loan FERSONAL √Branch UJ FLAZA	Branch # 099 Date: 03-16-98
	V(NJ Only) Checking Account Number if applying for Cash Res	
,	√Do you presently bank with us? (☐ Yes ☐ No At which bran √Amount requested \$ 4,000.00 or [6] Maximum	um aun den eräu ine ioan babera: "
	/Please indicate how you became awars of our loan program: N	ewspaper; Radio; Other;
	Applicant: Complete hit serior. Also Co-Applicant melor thouse the complete: If this is a food application of your recting as income from	Co-Applicant: Complete this sector only if you are applying principle and the loan will be in toy names, if so applicant a certain
•	militar, between lot, destributes of the data feet market specifies has stated in	from another person for repayment of this loss, bee the notice before
, ,	co-right a loss for your that or a processors consider a security application. No on-signery the Cause Reserve and for many Line of Could.	
	Name (First MI, Lant)	Name (First MI, Lest)
	OSCAR F SUAREZ	Den Alberio CARDONA
	524 3RD AYE APT#3	445 Elmota Avenue No OFLOS 5
	City Sinie Zip How Long at Address ELIZABETH NJ 07292 6 MONING	Elizabeth 10-23-72 (gos)s
	Social Security I Date of Birth Phase Humber	Social Security # Date of Birth Phone Name
	152-02-8448 10/26/66 (908)354-3174 Own Ren/Marigage Payment Marigage Halder or Landjord	139 - 48 - 21 2 2 Own Rent/Mortgage Payment Mortgage Holder or Lands
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	Employer Name II Self Employed Name of Business How Long Employed	Employer Namer'll Self Employed Name of Business How Long Es
or .	BARR-NONE COATING APPLICATORS 1 Yr.	MIPIEWOOD COUNTY Club SYRS
	281 HIEHWAY 79 SOUTH	28 Baker ST. maphwood
•	City State Zip	maplewood N. 5 07041
	MORGANVILLE NJ 07731 Amenal Seistry Problem Bookers Phone	Assert Salary Position Business Flori
•	34,000 FOREMAN (732)970-0122	\$ 16,000 water (473) 762-7
•	GENERAL AUTOMOTIVE SPECIALTY	Provious Employer Nusse and Address
	City State Zip How Long Employed	
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	Other Inclineral subjects conserved because in the reduced	all letter Manneyana exercica (Ammer, distributed). Antaradia (Cambridge parting) da actigation (Company)
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	Other Loanst Please indicate which credit cards you currently have: MasserCard D.V.	ire ODinover C American Express Coptime Diner's Co-
	□ JC Panney PA Sears □ Nordstrom's □ Home Depot □ (Other	10 10 10 10 10 10 10 10 10 10 10 10 10 1
afilia di Salamania. Na salamania	Automobile Loun : it you are purchasing a car pirase complete that is Your Make Model	When same will the car be titled in?
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	Sunt Barlora alice miller	
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ASSOC 1 APPL 1L SURAEZSOST-39673-NL	_W _T	Entered 08/29/01 11:22:00	Desc
, 0011111 (Convey diffom ECM (101267) PAYOFF BALANCES	09) Page 4 55 CURRENT ANCES	EFFECTIVE DTE AD
TOT PRINCIPÁL	1,541.17	1,541.17	
TOT INTEREST	168.79	156.17	12.62
TOT INSURANCE	.00	.00	.00
TOT DEALER REB	.00	.00	.00
TOT LATE FEES	25.00	25.00	
TOT OTHER CHGS	.00	.00	
TOT MISC FEES	.00	.00	
TOT MIN INT	.00	.00	.00
TOT EXTN FEES	.00	.00	
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TOT ADVANCE FEES	.00	.00	
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CUSTOMER 3856607 LOAN 0001 DATE 0228012 LOG N TYPE ______ PF05=S150 09=STLN 10=TRAC

immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not int petition is filed, unless the spouses are separated and a joint petition is not filed.)

One name and address of person for whise benefit property was \$50720, Date of Seizure and description and value of property.

None 5. Repossessions, Foreclosures, and Return

List all property that has been repossessed by a creditor, sold at a forcelosare sale, transferred through a deed in lieu of forcelosure or returned to the seller, within one year immediately preceding the commencement of this case. (Married debtors filing under chapter commencement of this case. (Married decrease thing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filled, smisse the spouses are separated and a joint petition is not filled.)
Given NAME AND ADDRIES OF CREDITION OR SELLER, DATE OF REPUSSESSION, PORECLOSURE SALE. TRANSPER OR RETURN and DESCRIPTION AND VALUE OF PROPERTY.

Antigoments and Receiverships

None a. Describe any assignment of property for the benefit of creditors made within 128 days immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses er or not a joint petition is filed, unless the spouses are separeted and a joint position is not filed.)

One NAME AND ADDRESS OF ASSIGNEE, DATE OF ASSIGNMENT and TERMS
OF ASSIGNMENT OR SETTLEMENT.

OF ASSIGNMENT OR SETTLEMENT.

None b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within one yes mediately preceding the communication of this case. (Married debe-ors filling under chapter 12 or chapter 13 must include information cerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

ONE RAME AND ADDRESS OF CUSTODIAN, NAME AND LOCATION OF CULRT, CASE TITLE & NUMBER, DATE OF DROSE ME DESCRIPTION AND VALUE OF

None 7. Gifts

List all gifts or charitable contributions made within one year im-Last all girls of contribute common made within one year in-mediately preceding the common cement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married dobtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

OHE NAME AND ADDRESS OF PERSON OR DECANIZATION, RELATIONSHIP TO DESTUR, IF ANY, DATE OF GEPT, and DESCRIPTION AND VALUE OF CIPT

None 8. Lasens

List all losses from fire, theft, other easualty or gambling within a year immediately preceding the commencement of this case or since the commencement of this case. (Married debtors filling under chapter 12 or chapter 13 must include losses by eith apouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

ONE DESCRIPTION AND WALLE OF PROPERTY, DESCRIPTION OF CIRCUMSTANCES AND IP LOSS WAS COVERED IN WHOLE OR IN MAPT BY INSURANCE, ONE MICHCULARS and DATE OF LOSS.

None 9. Payments Related to Debt Counseling or Buskruptcy

List all payments made or property transferred by or on behalf of the debtor to any periods, including atterneys, for consultation con-cerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within one year immediately preceding the commoncement of this case.

GIVE NAME AND ADDRESS OF PAYEE. DATE OF PAYMENT, NAME OF PAYMENT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY.

None 10. Other Transfers

List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within one year immediately proceeding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

GIVE NAME AND ADDRESS OF TRANSPERRY, RELATIONSHIP TO DEETUR. DATE, and DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED.

Mitsubishi Galant 1999

\$750.00 to Anna C. Little, Esq. 300 Kimball Street suite 106 Woodbridge, NJ 07095

P.O. BOX 6044 CYPNESS, CA 90630-0044 (800) 238-5851 FAX: (714) 816-2301



December 29, 2000

DIEGO CARDONA 935 S ELMORA AVE #1 ELIZABETH NJ 67202

RE:

Account#: 99006722259000000

Year: 99 Make: MITS Model: GALANT

Dear Mr./Ms. DIEGO CARDONA:

The above referenced vehicle has been sold and an outstanding balance of \$6,128.55 remains due on your account. Under the terms of your contract you are responsible for the payment of this amount plus all interest which accrues on the unpaid balance.

Please send the total amount due to reach me within (10) ten days from the date of this letter or, contact office to arrange a re-payment schedule.

Sincerely,

LYNN CARMICHAEL Sr. Recoveries Consultant (800) 238-5851



ROUTE 22 WEST N. PLAINFIELD, NJ 07060 (908) 757-4000

DATE 10-5-91

PURCHASER'S NAME //E/O/ /	Ardona stock # X1.35 MC
ADDRESS 445 ETMOSA AU. EL	edoith NI ZIP CODE 07-ZO8
RESIDENCE PHONE 908-5587054	Susiness PHONE 0973-762 2100
PLEASE ENTER MY ORDER FOR YEAR 1999 MAKE	MITS. MODEL Galant GTRUCK
SERIES GA4/K BODY TYPE 400	ENGINE □ 3 CYL. □ 4 CYL. ☑ 6 CYL. □ 8 CYL.
COLOR BOY Red TRIM 6/10/	C VINYL TOP
SERIAL # 4A3AA46L2XE0333.	TO BE DELIVERED ON
Prior to Delivery of the vehicle fisted above, customer shall elect one of the following and so advise dealership: * Cash Purchase * Finance Purchase Lease PRICE OF UNIT That A MM payments To Ap 4 360 Inc VA WILL	IF A CREDIT SALE, REQUIRED INFORMATION CONTAINED ON A SEPARATE DISCLOSURE STATEMENT IS MADE A PART OF THIS ORDER.
\$ 2000 torred out of packet	IF A LEASE, COMPLETE DISCLOSURE OF ALL LEASE TERMS AND CONDITIONS IS CONTAINED ON A SEPARATE LEASE CONTRACT.
AS Egupt 12K xyear	IF A LEASE, THE FOLLOWING APPLY:
TOTAL *LESS NET TRADE-IN ALLOWANCE	MONTHLY PAYMENT AMOUNT \$ 360 INCC. TERM: 39 MONTHS MILEAGE PER YEAR 12000
The Protector window etching - \$99.00 (\$2500 theft guarantee) (15% reduction on \$99 .00	CASH DUE AT DELIVERY \$ 2000

None 11. Closed Financial Accounts

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise tran derred within one year insmediately preceding the contmanagement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or er or both spouses whether or not a joint petition is file Unless the spouses are separated and a joint petition is not filed.)
Give NAME AND ADDRESS OF INSTITUTION, TYPE AND NUMBER OF ACCOUNT AND AMOUNT OF FINAL BALANCE and AMOUNT AND HATE OF SALE OR CLOSING.

X None 12. Safe Deposit Boxes

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year inventigately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filled, unless the spouses are separated and a joint petition is not (iled.)

Give Mamé and Address of Bank or other infostiury, names and Addresses of those with access to box or depositiory, drynchition of contents and date of transfer or surpender, if any.

X None 13. Setoffs

List all actoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

Olio NAME AND ADDRESS OR CREDITION, DATE OF SETUP and AMOUNT OF SETUP.

None 14. Property Held for Amother Person

List all property owned by another person that the debtor holds or controls.

GIW NAME AND ADDRESS OF OWNER. DESCRIPTION AND VALUE OF PROPERTY and LOCATION OF PROPERTY.

None 15. Prior Address of Debter

If the debtor has moved within the two years immediately preceding the control of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint period in filed, percet also and accounts adof this case. If a joint petition is filed, report also any separate address of either spouse.

Give ADDRESS, NAME USED and DATES OF OCCUPANCY

935 South Elmora Ave. Elizabeth, NJ -Mario CARDONA and Dolly CARDONA 12 Wilson Terrace Elizabeth, NJ -Mario CARDONA and Alexander CARDONA

Unsworn Declaration under Penalty of Perjury.

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachment of the they are true and correct.	nents
Date Signature of Deblor XILLYO & CARDONA	
Date Signature of Joint Debtor (if any	<u> </u>
continuation sheets attached	

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both, 18 U.S.C. \$5152 and 3578.

3076 3A 4-1994 Julius Blumberg, (nc.

1

UNITED STATES BANKRUPTCY COURT

DISTRICT OF

Inre: Diego CARDONA

Debtor(s)

Case No. Chapter

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

 I, the debtor, have filled a schedule of assets and liabilities which includes con 	nsumer debts secured by property of the estate.
--	---

2. My intention with respect to the property of the estate which secures those consumer debts is as follows:

a. Property to Be Surrendered.

Description of property

Creditor's name

L so W,H

none

Description of property Creditor's name			
935 Soluth Elmora Ave. Elizabeth, NJ	Exempt		
12 Wilson Terrace Elizabeth, NJ	Exempt		
household furnishings	Exempt		
clothing	Exempt		
Mitsubishi Montero Sport	Exempt		

3. I understand that § 521 (2) (B) of the Bankruptcy Code requires that I perform the above stated intention within 45 days of the filing of this statement with the court, or within such additional time as the court, for cause, within such 45-day period fixes.

Date:

* Restift'd - Debt will be reaffirmed pursuant to § 524(c)

Property is claimed as exempt and will be redeemed pursuant to § 722

Exampt - Lien will be evoided pursuant to § \$22(f) and property will be claimed as exempt

Magon A CARDONA

Signature of Debtor

Signature of Debtor

3073 - 1991 JULIUS BLUMBERG, INC., NYC 10019

3082	Converted from	Filed (Public 6709	Entered 29/01 11:22:00 9) Page 32 of 55	Desc
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UNITED STATES BANKRUPTCY COURT

Acceptances may be mailed to.....

DISTRICT OF

Post Office Address

1991 JULIUS BLUMBERG, MC,, NYC 10013

lo re	Diego CARDO	NA	Debtor(s)	Case No.	(lf Known)
				CHAPTER 13 P	LAN
	(If this form is used b) : future earnings of the ne sum of \$	debtor are submitted to the	ord "debior" or words referring to de supervision and control of the tr v ··· semi-monthly — monthly	hior are used they shall he read a Tustee and the debtor — debto for a period of	s if in the plural.) or's employer shall pay to the
	* *		e disbursements as follows; ims entitled to priority under 11	U.S.C. §507 .	
(b)	Holders of allowed see	sured claims shall retain the	e liens securing such claims and s	half be paid as follows:	
(c)	Subsequent to — pro t	rata with dividends to secu	red creditors, dividends to unsecu	red creditors whose claims at	re duly allowed as follows:
3. Th	e following executory c	ontracts of the debtor are s	ejected:		
		,			
U.S.C. §			otos on confirmation of a plan — i		
Dated;		Tuego	O CARDONA Dehior		Deblor

UNITED STATES BANKRUPTCY COURT

DISTRICT OF

Diego CARDONA In re

Debtor(s)

Case No.

(If Known)

STATEMENT Pursuant to Rule 2016(b)

(1)	The undersigned	is the attorney f	or the de	btor(s) in this case,
-----	-----------------	-------------------	-----------	-----------------------

- (2) The compensation paid or agreed to be paid by the debtor(s) to the undersigned is:
 - (a) for legal services rendered or to be rendered in contemplation of and in connection with this case

(b) prior to filing this statement, debtor(s) have paid

(c) the unpaid balance due and payable is

- of the filing fee in this case has been paid. (3) \$ 200.00
- (4) The services rendered or to be rendered include the following:
 - (a) analysis of the financial situation, and rendering advice and assistance to the debtor(s) in determining whether to file a petition under title 11 of the United States Code.
 - (b) preparation and filing of the petition, schedules, statement of affairs and other documents required by the court.
 - (c) representation of the debtor(s) at the meeting of creditors.
- (5) The source of payments made by the debtor(s) to the undersigned was from carnings, wages and compensation for services performed, and

none other

(6) The source of payments to be made by the debtor(s) to the undersigned for the unpaid balance remaining, if any, will be from earnings, wages and compensation for services performed, and

none other

(7) The undersigned has received no transfer, assignment or pledge of property execept the following for the value stated:

none

(8) The undersigned has not shared or agreed to share with any other entity, other than with members of undersigned's law firm, any compensation paid or to be paid except as follows:

no one

Dated:

Respectfully submitted,

Attorney's name and address...

Anna C. Little, Esq. 300 Kimball St. Suite 106 Woodbridge, NJ 07095

BK 122 (8/84)

United States Bankruptcy Court

NOTICE TO INDIVIDUAL CONSUMER DEBTOR(S)

If you intend to file a petition for relief under the bankruptcy laws of the United States, and your debts are primarily consumer debts, the Clerk of Court is required to notify you of each chapter of the Bankruptcy Code under which you may seek relief. You may proceed under:

Chapter 7—Liquidation, or Chapter 11—Reorganization, or Chapter 13—Adjustment of Debts of an Individual with Regular Income

If you have any questions regarding the information contained in this notice, you should consult with your attorney.

Clerk of Court

ACKNOWLEDGMENT

I hereby certify that I have read this notice.	
DATED:	Debior L. CHRDONA
	Joint Debtor, if any

INSTRUCTIONS: If the debtor is an individual, a copy of this notice personally signed by the debtor must accompany any bankruptcy petition filed with the Clerk. If filed by joint debtors, the notice must be personally signed by each. Failure to comply may result in the petition not being accepted for filing.

MATRIX

Capitol One Bank P.O.Box 85147 Richmond VA 23276

NCO Financial Systems P.O.Box 41457 Philadelphia PA 1911-1457

Sears Center P.O.Box 182149 Columbus OH 43218-2149

Fleet P.O.Box 15368 Wilmington DE 19886-5368

Chase P.O.Box 15583 Wilmington DE 19886-1194

> Direct Merchants Bank P.O.Box 21550 Tulsa OK 74121-1550

Providian Financial P.O.Box 9539 Manchester NH 03108 9539

Mitsubishi P.O.Box 6044 Cypress CA 90630-0044

Summit Bank c/o Melinger and Sanders 101 Gibraltar Drive suite 2F Morris Plains NJ 07950